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COLLECTION  
PRETERNATURAL CASES  
AND  
OBSERVATIONS  
IN  
MIDWIFERY.

By WILLIAM SMELLIE, M. D.

Completing the design of illustrating his  
FIRST VOLUME, on that SUBJECT.

V O L. III.

A NEW EDITION.

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L O N D O N :

Printed for W. STRAHAN; T. CADELL, and G. NICOL, in  
the Strand; and W. FOX, and S. HAYES, in Holborn.

M DCCCLXXIX.





## ADVERTISEMENT.

**I**T may be necessary to inform the Public, that this volume of Preternatural Cases in Midwifery, completes the plan of Dr. *Smellie's* work, and fulfils the promise which he made in the preface prefixed to the preceding volume. He there observes, "The other part (meaning that which is now presented) was almost completed, and tho' he should not live to see it in print, would certainly appear to fulfil his scheme and promise to the Public." This hint was more prophetic than his friends could have wished. Some years ago, he retired from business in *London*, to his native country, where he employed his leisure hours in methodising and revising his papers, and in finishing his Collection of Cases for this publication. The manuscript was transmitted to the person who prepared the two former volumes for the press, and even delivered to the printer, when the Doctor died advanced in years, at his own house near *Lanerk* in *North Britain*.

The judicious reader, in comparing this with the former part, would plainly perceive it is genuine, even if there was no other proof of its authenticity. He would recognise in it, the prosecution of the original design, the same honest plainness, candour, perspicuity and precision, which distinguished the two former volumes. He will see how unjustly a set of obscure and envious practitioners have charged our author with a danger-

ous predilection for the use of instruments in the practice of midwifery: a charge which it is amazing that any person should have the effrontery to advance; inasmuch as the whole work is interspersed with repeated cautions against all such extraneous aids, and it appears in this last volume, that he never had recourse to them without reluctance, even in cases of the most urgent necessity, after every other method had been tried ineffectually.

This, with the two former volumes, we may venture to call a complete System of Midwifery. It is the fruit of forty years experience, enriched with an incredible variety of practice, and contains directions and rules of conduct to be observed in every case that can possibly occur in the exercise of the obstetric art; rules that have not been deduced from the theory of a heated imagination, but founded on solid observation, confirmed by mature reflection, and reiterated experience.

On the whole, *Smellie's* Midwifery stands in no need of invidious comparison, which the author has ever carefully avoided; nor does it depend for success, upon cabal, or misrepresentation; arts which have been shamefully practised against it, to the confusion and disgrace of its enemies: but the great demand for the two volumes already published, and the high esteem in which it is held by foreigners, who have translated them into different languages, are such proofs of extraordinary merit, as all the efforts of envy will not be able to overthrow.





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## COLLECTION MANCHESTER

[*Vide* Vol. I. Book 3. Chap. 3. Sect. 5.]

Laborious Cases, in which the head of the child presented, and the child was delivered with the assistance of the hand, blunt hook, or crotchet.

[*Vide* Anatomical Figures, Tab. 12, 16, and 28; also 39.]

### C A S E I.

A Dropfical Head opened with the Scissars, delivered by the labour pains, with the assistance of the hand, 1746.

**E**ARLY in the morning, a midwife sent for me to a poor woman, and allowed me to bring one of my pupils as an assistant.

The patient had been all night in strong labour, and, after the membranes were broke, the midwife also told me, that she suspected the head presented wrong, having found the *Fontanel* turned to the *Pubis*.

At first, when I examined, I was of her opinion, and imagined with her, that this position retarded the delivery; but, on a second trial, and introducing my finger backwards

towards the *Sacrum*, I found a large open space also betwixt the bones of the head.

Both the midwife and assistant being sensible of the same, I told them, that the difficulty of the case was occasioned by the head's being dropfical, and so much distended, that it would not pass, unless the hairy scalp was forced out with the contained waters, or perforated, to allow their discharge. The midwife said, if that was the case, it would be proper to relieve the woman of her misery as soon as possible, especially as she appeared to be much exhausted with the length of the labour, and had fainted several times.

Having again examined in time of a few pains, and finding that the hairy scalp did not push down, that the pains grew weaker, and the patient being seized with another fainting fit, I also thought it was wrong to delay the delivery any longer. The weather being warm, and the woman unprovided with clothes to sponge up the moisture, I had her laid across the bed, with her breech a little over the side, and, in time of a pain, introduced two fingers of my left hand into the *Vagina*. These I pressed against the open space betwixt the bones of the *Cranium*, then, with my other hand, introduced the points of the scissars along my left, and betwixt the two fingers, to prevent their hurt-  
ing



ing the woman. The pain abating, I waited till another returned, and, when it was at the strongest, I perforated the scalp, by pushing the point of the scissars through the integuments. The waters immediately gushed out, about three pints, in a full stream, into a two-quart baïon, which the midwife held to receive them.

The head being thus emptied, was forced down into the *Vagina*, and this being her first child, it was, in a few pains more, delivered. During these, however, a pint more of water was squeezed out, so as to fill the vessel.

As the pains were weak, I assisted, by pulling at the opening with my fingers. The child had been dead several days.

## C A S E II.

Another Dropfical Head opened with the Scissars, and delivered with the assistance of the blunt hook.

The same midwife called me to another woman two years after, having, by her experience of the former case, found it was also a dropfical head, the bones of the *Cranium* being separated at a great distance from one another.

The woman had not found the child stir or move for several days, and but very weakly for a week or two before; the membranes

#### 4 CASES IN MIDWIFERY.

had broke the day before ; the pains had been frequent and strong ; but the head did not advance.

In time of a pain I found the hairy scalp very tense, and the *Os uteri* fully open ; when the pain abated, the bones of the *Cranium* felt loose, and easily moved within the scalp, which was a certain sign that the child had been dead for some time, and that it would be wrong to keep the woman longer in pain.

As she lay on her side, I perforated the scalp, as in the former case, and received the waters on cloths laid below her for that purpose. Although there was a large quantity discharged, and the bones felt in a shattered condition, riding over one another, yet even after many strong pains, they were only advanced to the middle of the *Pelvis*.

I then tried to assist, by pulling at the opening with my fingers ; but that purchase not being sufficient, I introduced the blunt hook within the skull. With the assistance of that instrument and my fingers, I gradually extracted the head, and the body being small, was easily delivered. The child appeared to have been dead several days, from the parts being livid, and the scarf-skin separating on the least touch.

It is worth remarking, that, although the woman had the confluent small-pox in the  
fifth



fifth month of her pregnancy, she recovered, and went on to her full time; there was no mark of that disease to be found on the body of the child.

### C A S E III.

A laborious birth, from the large size of the child, and the smallness of the *Pelvis* in the mother: delivered with the blunt hook.

In the year 1727, I was called, in the forenoon, to a woman, at some distance in the country, who had been several days in labour. She had been delivered twice before with great difficulty, although the children were small, and before the full time.

The midwife told me, that the waters were gone off two days, and although the pains had been very strong, it was a long time before the head came down into the lower part of the *Pelvis*. She had been in hopes that it would have been delivered every strong pain, during all the foregoing night; but as the pains went off, and the woman was grown weaker, she advised the friends to send for further assistance.

On examining, I found the *Pudenda* very much swelled, the head low in the *Pelvis*, and a large tumor on the *Vertex*, protruded through the *Os externum*.

The woman's pulse was low, intermitting, and like one in a dying condition; her pains



were also very weak, and returned at long intervals. I informed the friends of the great danger the woman was in, even if she were delivered, owing to her extreme weakness, but told them, as a speedy delivery was the only method to save her life, I should do all in my power.

As she lay on her side, I tried to force up the head, to give more room in the *Pelvis*, for introducing a fillet over the *Vertex*, but it was so low down, and firmly locked in, that I could not move it.

This method failing, and as there was no time to be lost, I opened the head with the scissars, and introduced the blunt hook on the outside of them; then I tried to deliver, by pulling that instrument with one hand, while with the fingers of the other I assisted in the opening; but the hook losing its hold, I introduced it on the other side of the head; and, as it did not give way as before, the *Cerebrum* was gradually discharged at the opening, as the head advanced; after which the child was soon and easily delivered.

On examining the body, I was certain it had been dead many hours before delivery; for the lips and *Scrotum* were of a livid colour. The first hold of the hook was on the back-part of the neck; the second was on the fore-part, above the lower jaw.

The

The swelled parts of the woman were turned black and livid, from which appearance I suspected a mortification was also probably begun in the *Uterus*, especially as she had complained of violent pains in the *Abdomen* the night before; but they had been gone off for some hours, and therefore the assistants did not inform me of this circumstance till after delivery.

I was informed next day, that the patient gradually grew weaker, turned delirious, and died next morning. I am now pretty certain, from many examples since, that, if I had been called the day before, the woman would have been saved. I am also convinced, that, if I had known the use of the *Forceps*, I should not have been obliged to open the child's head, especially as it was so far advanced, and the *Pelvis* not distorted.

#### C A S E IV.

A laborious case, the head low; attempted first to turn; tried the fillet; but was obliged to deliver with the crotchet, the child being dead, and the *Abdomen* swelled.

In the year 1732, I was called to a woman who had been long in labour, and had not felt the child move or stir for twelve days, since which time, she had been thrown into great fear, by a fall from a horse, and, on



that account, the midwife supposed the child was dead.

When I examined the case, I found the head of the child advanced to the lower part of the *Pelvis*; the discharge on the clothes was of a brownish colour, and had a strong mortified smell: the patient was much exhausted with the length of her labour, and her pains were weak.

Having placed her in a supine posture (as described in Collect. XXV. No. 1. Case 1.), I tried to turn, and bring the child by the feet, but could not raise the head above the brim of the *Pelvis*. In making this effort, I was convinced, that the obstruction of the delivery did not proceed from a narrow *Pelvis*, or a very large head.

With a good deal of difficulty, I introduced a fillet, in form of a noose, over the fore and hind parts of the child's head.

This being effected, I pulled gently every pain, which did not however move or alter the position; this obliged me to increase the force, by which the fillet slipped from its hold.

As there was no time to be lost, I opened the head, and tried to deliver it as in the foregoing case; but not succeeding, I withdrew the blunt hook, and introduced a straight crotchet, by which the head was extracted, after using a good deal of force.

On



On trying to deliver the body, I was surprised, that I could not bring it along ; and suspecting the difficulty was owing to the bulk or monstrous deformity of the child, I introduced the straight crotchet along the breast, but it lost its hold, after it had tore open the *Thorax*.

I again introduced the same instrument as high as the length of it would allow, and at last, with great force and labour, delivered the body.

Upon examination, I found the difficulty proceeded from the belly's being greatly tumefied after death ; and that the crotchet, at the first trial, had only tore open the breast ; but, by opening the *Abdomen* in the second effort, the swelling subsided.

The fillet had galled, and torn part of the scalp from the *Occiput*.

## C A S E V.

In the year 1753, I was called by a midwife to a case of the same kind, where I extracted the head with the *Forceps* ; but not being able to deliver the body of the child, I was obliged first to tear open the *Thorax*, and afterwards the *Abdomen*. In this operation I found, that the curved crotchet succeeded better than the straight kind.

## C A S E VI.

A laborious one ; the *Uterus* contracted before the shoulders of the *Fœtus*.

A midwife sent for me to an acquaintance of hers, at one of the workhouses, who had been five days in labour, and was neglected by the surgeon and midwife of the house, in the year 1743.

The midwife told me, that she had been with her all night ; that she had lost a great deal of blood ; and that she thought the child was dead, as the woman had not felt it stir for two days.

On examining, I felt the head low down in the *Pelvis* ; but as she was so very weak, I desired the surgeon might be sent for, who was not to be found.

As there was still more danger in delaying longer, I thought it a pity to refuse giving all the assistance possible. I first tried to deliver with the *Forceps*, but was surprised that I did not succeed, when I found the head was not large, the instrument so easily introduced, and firmly fixed.

Not succeeding in the above method, I opened the head, and, in trying to deliver it with the assistance of my fingers and the blunt hook on the inside of the skull, I could not, with all my strength, bring it along. However,



ever, by extracting the *occipital* and one of the *parietal* bones, I had room to introduce my hand, so as to find with my fingers the under-part of the *Uterus* strongly girt or contracted round the neck of the *Fætus*: This I gradually dilated; then bringing down one of the arms, and pulling at that, and the shattered bones and scalp, with both my hands, I at last extracted the child with greater ease than I expected.

In pushing up my hand to dilate, my fingers passed the mouth of the womb that was girt round the middle of the head, when I was surprised to find another contraction before the shoulders. This was the first time I observed, that different parts of the *Uterus* would contract so strongly, especially the under-part before the shoulders, a constriction which has been commonly ascribed to the mouth of the womb.

The woman recovered contrary to expectation, but was long in a weak condition. By the livid appearance of the lips and *Pudenda* of the child, it was pretty certain, that it had been dead from the time the mother no longer perceived its motion in the *Uterus*.

#### C A S E VII.

In the year 1737, I was called to a case much of the same kind, only the head of the  
child



child was larger, and squeezed into a longish form; the woman was also stronger, and had not been exhausted with floodings; but, as she had been long in labour, the head low, and the labour-pains quite gone off for several hours, I was afraid, if assistance was delayed, she would soon be in danger of her life.

I first tried to deliver the head with the French *Forceps*, recommended by Mr. Butter, in the Medical Essays of Edinburgh; but they were so long and ill formed, that I could not introduce them safely to take a proper hold.

Although this case seemed very proper for the assistance of such an instrument, from the head's being so low; yet as I had not been used then to that method, I did not repeat the trial, but attempted to deliver with the fillet or lack, which, though firmly fixed, had no power to bring along the head, though I used a considerable force in pulling by that hold.

This method not succeeding, I waited some time, as the pulling the head with the lack had brought on some pains: but the woman growing weaker, and assuring me she had not found the child stir for seven or eight days, I thought it more than probable, that it was dead, and the body so tumefied as to prevent the delivery.

The woman and her friends being impatient, I thought it was wrong to run too great a risk

a risk of her life, and delivered the child, by opening the head, and extracting the body with the assistance of the crotchet. I could not deliver the head, even after the *Cerebrum* and several bones of the *Cranium* were discharged, until I had also opened the *Abdomen*.

The body of the *Fætus* was all over livid, and much swelled, so that it had certainly been dead the time the woman mentioned. She herself recovered, as if no such difficulty had happened.

### C A S E VIII.

A laborious one: the head of the child high in a narrow *Pelvis*; delivered with the hand and blunt hook, or crotchet.

Mrs. *Murehead*, midwife in *Hamilton*, in the year 1724, sent for me to a woman at some distance in the country, who had been in severe labour for twelve hours after the *Os Uteri* had been sufficiently dilated, and the membranes broke.

On examining, I found the head still above the brim of the *Pelvis*, and kept up there by the projection of the lowest *Vertebra* of the loins, and upper part of the *Sacrum*. This straitened the passage, which felt not above two inches and a half from these bones to those of the *Pubis*. I advised them to keep her quiet in bed, to prevent her being fatigued, and  
give



give time for the head to advance in a slow progression, as well as to keep up her strength by refreshing sleeps betwixt the pains. These directions had the desired effect : but having waited from morning to night, and finding the head was only squeezed down a little, in a conical form, into the narrow part of the *Pelvis*, I sent for another gentleman of the profession.

After we had waited all night to no purpose, observing that the patient grew weaker, and that the head did not advance, we thought it adviseable to attempt the delivery, rather than to wait longer, and run too great a risk of her life : we also considered, that the *Pelvis* was so narrow, it would be impossible to save the child's life ; and, if it was uncommonly large, it would be even dangerous to the life of the mother.

Having placed her in a convenient position, and, in a cautious manner, opened the protruded scalp (which was much tumefied), together with one of the *parietal* bones, with the scissars, I introduced two fingers of my left hand, and tried to pull down the head in time of the pains : but finding that purchase was not sufficient to move it, I introduced the blunt hook, first within the *Cranium*, but this not succeeding, was withdrawn ; then I introduced two fingers on the outside of the head,

at



at the right side of the *Sacrum*, and, along the same, the hook, with my right hand, to the upper part of the head. After resting a little, until a pain returned, and introducing again the fingers of my left hand into the opening, I began to pull; but finding this hold of the instrument forced the head too much against the *Pubis*, I moved it forward toward the right groin, and then, with my fingers and the hook, pulled the head backward and down towards the lower part of the *Sacrum*, at the same time desiring the woman to force down with all her strength.

To prevent as much as possible any injury to the parts of the woman, I repeated these efforts by intervals, which at last brought along the head, squeezed in a long and flat form. This being effected, the body was delivered in a slow manner, but not without a good deal of force.

On examining the child's head, I found the first hold of the hook was above the ear, and the second, on the opposite side, above the under-jaw : the opening with the scissars was made through the left *parietal* bone.

My fingers and thumb had so firm a hold, as to assist in pulling the head backwards from the *Pubis*, while the force above, with the hook, made the bones collapse, as the *Cerebrum* was discharged through the perforated part;

part; but although the head was small, it required a great deal of force to bring it through the narrow part of the *Pelvis*.

The woman recovered tolerably well, but did not live to have another child.

[*Vide Collect. XXXIV. No. 2. Case 10.*]

### C A S E    I X.

A laborious one; the child delivered with the curved crotchet, covered with its sheath to guard the point.

In the year 1753, I was called, at three in the morning, to a woman who had been a considerable time in labour, and felt the head of the child presenting, about a third part of it being pushed, in a longish form, into a very narrow and distorted *Pelvis*.

As the patient seemed to be in no apparent danger, and as both herself and friends were anxious to have her delivered, and could not be persuaded to have more patience, I ordered a mixture to amuse them, and advised the midwife not to fatigue her any more, but to keep her as much in bed as possible.

When I called again, in the afternoon, I found the head advanced a little lower, and the woman much refreshed with rest and sleeps betwixt the pains. I still encouraged her to have more patience, and continue to take every now and then some of the mixture.

I was



I was sent for again next morning, about two o'clock, and found her strength much exhausted; her pains, which had been frequent and strong, were now seldom and weak; besides a small flooding began to come on.

The head had not advanced lower, only the hairy scalp was formed, by the long pressure, into a large tumor on the *Vertex*, which prevented my knowing the exact position; but as it was still high in the *Pelvis*, I judged one of the ears was towards the *Sacrum*.

Although I was afraid that the woman could not be delivered with the labour-pains, yet as she imagined she felt the motion of the child, I waited many pains, and tried if putting her in different positions would forward the delivery; but finding her spirits flag more and more, and the flooding increase, I began to be afraid of losing the patient, if I longer delayed my assistance.

Having laid her in a proper position, as described in Collect. XXV. No. 1. Case 3. and dilated the *Os externum*, I forced up the head, to be more certain of its position; but could neither reach the ear nor back part of the neck with my fingers, without using more force, which I durst not venture to exert, on account of the flooding.

However, this trial made me sensible of the head's being so large, that there was no hope



of saving the child by turning, and bring it footling; and it was impossible to deliver it with the *Forceps*.

To prevent further danger, I opened the head of the *Fœtus* with the scissars, and, in time of the weak pains, tried first to deliver with my fingers and the curved crotchet, covered with its sheath within the opening; but although, in making different efforts, I pulled out the *frontal*, *occipital*, and *right parietal* bones, I did not succeed, until the crotchet was slipped up on the outside of the shattered remains, above the under-jaw.

As my fingers were cramped, I rested a little; after which untying and bringing down the sheath that covered the point of the instrument, and finding it had a firm hold, I at last brought out the head.

Having wrapped a cloth round it, I made several trials to deliver the body, but could not move it with all my force, until I introduced the same crotchet along the breast and belly, and by opening these, as in the 4th case of this Collection, I at last effected the delivery, and indeed not without much fatigue.

By the livid appearance of the child's body, the woman and friends were convinced, that it had been dead for some time, and that the difficulty proceeded from the uncommon bigness, as well as the tumefaction of the *Abdomen*.

This

This was the woman's first child ; I attended her in a second and third ; her labours were tedious ; and the children large, but, at last, safely delivered.

C A S E X.

The *Pelvis* narrow, and the child large ; delivered with two crotchets.

I was called by a midwife to a woman in her house, in 1745 ; the child presented much in the same manner as the foregoing ; she had pretty strong pains, and was every now and then attacked with severe fits of vomiting ; but as she was in no apparent danger, I ordered a few draughts with the *Spir. Minde-  
reri*.

Being again called, and finding that the patient was growing weaker, and she being much fatigued with the vomiting that still continued, as well as the length of the labour, I first tried to turn the child ; but in pushing up the head, I found it large, and the *Pelvis* so narrow that the child could not be saved by that method.

I also found that the *Forceps* or *Fillet* could be of no service ; however I rested some time, to observe if, after stretching the parts, they would allow more room for the head to advance lower ; but finding no alteration, and she being attacked with faintings, I im-



mediately opened the head, and tried to deliver with the blunt hook, as in the former cases.

This method not succeeding, and as the forehead was at the left side of the *Pelvis*, I introduced one of the curved crotchets along the left side of the *Sacrum*, above the under-jaw; but finding that purchase pulled the head against the *Pubis*, I introduced the other at the opposite side of the *Sacrum*, and moved it gradually over the *Occiput* of the *Fætus*, to the right groin of the woman.

Finding that both the instruments had a firm hold, and locking them together in the same manner as the *Forceps*, I began and pulled with greater and greater force, which brought down the head lower in the *Pelvis*; but as it stopped there, I unlocked the crotchets, and pulled by the one that was at the right side, by which it was forced backwards towards the *Sacrum*, and delivered. Although I used all possible caution, yet it required so great force at the last pull (this being the first child), that the *Perinæum* was a little rent; but, by the prudence of the nurse, it recovered without the woman's knowledge.

C A S E XI.

The face of the child presented; the head low in the *Pelvis*; and delivered with the crotchets.

In the year 1746, I received a message from a gentleman of the profession, desiring me to come and assist him to deliver a poor woman, and to bring two pupils with me, which the patient had consented to, to make me some recompence for my trouble.

He had been with her all night; her pains at first were strong, which growing weaker, he tried several times to turn the child and deliver by the feet; but not succeeding, and being much fatigued, he had recourse to my assistance.

I also tried the same method to bring the child footling, turning the woman upon her knees and elbows, according to *Daventer's* advice, that the pressure or force of the muscles of the *Abdomen* might be diminished; but after several trials, I could not move the head so as to introduce my hand into the *Uterus*.

The face was much swelled; and the chin being to the *Sacrum*, I introduced the *Forceps* along the ears at the sides of the *Pelvis*; but after several efforts, could not move the head lower, or alter the chin so as to turn it to the groin or *Pubis*.



I afterwards tried to open the head with the scissars, at the *Os frontis* which presented at the *Pubis*; but the bones were so thick, that I could not make an opening sufficient to allow a discharge of the *Cerebrum*.

All these different methods failing, I introduced the two curved crotchets, one on each side, which tore open the bones of the *Cranium*; then the contents were evacuated, the head was diminished, and the *Fætus* delivered.

The gentleman told me afterwards, that although the woman had suffered so much from the length of the labour, and from the violence of the delivery, yet she recovered as if no such difficulty had happened.

## C A S E XII.

Another of the same kind, in which the face presented; and the child was also delivered with the help of the crotchets.

A midwife, in the year 1747, sent from one of the courts at the *Seven Dials* for me, or one of my oldest pupils, to assist her in delivering a poor woman there.

As I was then engaged, Mr. *Potter* went, and he finding the face of the child presenting, and the patient exhausted with the length of the labour, endeavoured to turn the child; but not succeeding, he sent for Mr. *Chapman*, who had been longer with me; he likewise attempted

attempted to turn the child and deliver with the *Forceps*; but failing in his endeavours, my assistance was required.

When I arrived at the house, the midwife told me that the woman had formerly easy labours: and that she at first imagined the breech of the child presented, and had waited a long time till her patient's strength began to fail, but at last she found her mistake, and that in place of the breech, the head presented, and had stopped in that position for many hours; on which account she had desired further assistance to save the woman's life.

I found the face much swelled, and the chin to the left side of the *Os Coccygis*. In trying to raise the head, to give more room for introducing a blade of the *Forceps*, I felt it so firmly locked that it was impossible to move it.

As I did not certainly know whether the child was dead, and being desirous to save it if alive, I with some difficulty introduced one blade of the *Forceps*, over the left ear at the left groin, and the other at the right side of the *Pelvis* of the woman, and right ear of the child. After trying several times to deliver the head with that instrument, in time of the weak pains, and not succeeding; and being afraid that the patient would lose her life, if not soon relieved, I introduced the two curved



crotchets, and delivered her in the same manner as in the former case.

The head was smaller and not stretched to so great a length; it came easily out below the *Pubes*, without my being obliged, in the extracting, to turn the chin below the share bone.

The crotchets had made a large opening in each of the *parietal* bones near the *Vertex*, which allowed the greatest part of the contents to evacuate, so that the head was diminished, and came along with less difficulty.

The woman complained afterwards of great pain, both at the *Sacrum* and *Pubes*, which seemed to proceed from overstraining the ligaments of these bones; but by keeping her quiet, and promoting plentiful sweats, she at last recovered.

### C A S E XIII.

A laborious one; the *Pelvis* narrow, the head large; delivered with the crotchet.

*August* 1749, a midwife called me to a chairman's wife, who had been delivered four times by different gentlemen, who could not save any of the children.

On examining I felt the head of the child above the brim of the *Pelvis*, and kept forwards over the *Pubes*, by the jetting of the upper part of the *Sacrum*, and the last *Vertebra*

*bra* of the loins, which formed a very acute angle.

Although the woman had been three days in strong labour, yet she seemed to be in no danger, and as she had got little sleep, I ordered her a draught with *Tinct. Thebaic. Gt. xx.* and *Syr. e Meconio* ʒij. and desired she might be kept as still as possible.

Being called again next morning, I found the head advanced a little lower in the *basin*, but as her pains were still good, and as she had got little sleep with the former draught, I ordered the same to be repeated; and leaving one of my pupils with her, desired him and the midwife to send for me if they found it necessary.

They sent for me about eleven at night, giving me notice that the patient had slept every now and then, betwixt the pains, which were strong; but as they were now abated, the woman much exhausted, and no hopes of the delivery, they thought my assistance was necessary.

Near half of the head was now squeezed down in a flat form at the distorted brim of the *Pelvis*. By my encouraging the patient, and giving her some warm wine, her strength and spirits were recruited, and the pains grew stronger.

I attended several hours, in hopes that the head would advance lower, and that if not delivered



delivered with the pains, yet there might be a chance of saving the *Fœtus* with the *Forceps*: for it would have been impossible to have brought it alive by turning in so narrow a *Pelvis*.

Finding at last the woman and pains grew weaker, and that the head still continued in the same position, the patient also begging to be relieved, and calling upon me if possible to save the infant, I thought it would be cruel to delay my assistance longer; and resolved to do all in my power to save the mother and the child also.

As she lay on her left side, across the bed, I gradually stretched open the *Os externum*, and introducing the fingers of my left hand along the left side of the *Sacrum*, found the jetting in of the lower *Vertebra* of the loins kept the bulk of the head forwards over the *Ossa Pubis*; I perceived also the head was large, and much ossified, and that the *Os frontis* was to the left side of the *Pelvis*.

Although I had small hopes of succeeding, yet I tried if the child possibly could be saved by delivering with the *Forceps*, and first introduced the short kind; but the distortion of the *Pelvis* prevented their taking a proper hold, and when I attempted to extract, they slipped off the head; then I introduced a longer pair that were bent to the side,

*Vide*

*Vide Collect.* 34. Case 10. and supplement to Case 5th.

As one of the ears was to the *Pubis*, and the other above the projection of the distorted bones at the back part of the *Pelvis*, I was obliged to fix one blade over the *Os frontis*, and the other over the *Os occipitis*, by which means I obtained a firm hold, as the bending of the *Forceps* fitted the curvature of the *Sacrum*; but as the biggest part of the head was still above the brim of the *Pelvis*, it was not in my power to move it down from that position.

Finding it was in vain to try this method longer, and being afraid lest the parts of the woman should be so bruised as to occasion a mortification, I withdrew the *Forceps*, and resolved to use the last resource and most disagreeable method, to save her life.

As none of the *Sutures* presented, so as to enable me to make an opening through one of them, I was obliged with a considerable force, to make a perforation with the scissars through one of the parietal bones, into which having introduced two of my fingers and a crotchet, I endeavoured to deliver; but not having a sufficient hold, I withdrew the instrument.

Having introduced my hand at the right side of the *Pelvis*, and the crotchet up betwixt my fingers and the child's head, I fixed the  
point



point on the *Occiput*, which was so much ossified, that the instrument slipped and could not penetrate so as to have a sufficient hold.

Recollecting, that as the forehead was to the left side, a perforation would be much easier made at the *Fontanelle* and *Sagittal suture*, I introduced my fingers and curved crotchet, with the same precaution as before.

The last *Vertebra* of the loins jetted in so much, that I was obliged to move the instrument more toward the *Pubis*: the point turning a little to one side, I moved it again close to the head, to prevent its hurting the patient.

When I began to pull, the instrument began to slip, and the point again to alter, on which I advanced it much higher than before, and placed it right; then I began to extract first in a gentle manner until I found there was a firm hold, afterwards with much fatigue and force I delivered the head; although not before the *Frontal*, *Parietal* and *Occipital bones* were extracted. In this operation I was obliged to alter the crotchet several times, and the last fixture of it that succeeded, was on the lower jaw.

After resting a little, and not being able to deliver the body with my hands, I was obliged to take the assistance of the crotchet to diminish the bulk of the body also.

Mr.

Mr. *Chapman*, and others of my pupils present, as well as myself, were surpris'd to find that the woman recovered so well, considering the length of the labour, and the force that had been used before she could be delivered.

C A S E XIV.

A delivery with the crotchet : described in a letter from Mr. *R. P.* dated *W—*, 6th *January*, 1741.

Sir,

According to your desire, I send an account of a late occurrence in the branch for which I am indebted to you for instructions. I hope you will favour me with an answer, and your opinion of the following case. About a fortnight ago a poor woman, come to her full time of a second child, by accident received an ugly fall, which occasioned much uneasiness, but no symptoms of labour appeared till yesterday about eight o'clock in the morning, when the membranes broke, and the waters discharged in great quantity. At three in the afternoon the pains came on pretty fast ; the midwife was sent for, and as she says, finding things above her reach, sent in an hour after for an old practitioner, who lived in the neighbourhood, and who, upon the score of a little prospect of gain,



sent away the messenger. He came to me about six or seven ; I went with him ; it was about four or five miles distant. I found, on examining, a large arm in the passage, and the head, which I thought also very big, presenting with the forehead sideways, but turning a little towards the *Os Pubis*. The pains had entirely ceased ; I put her in a right position to try to turn the child : with some little difficulty I introduced my hand, to search for the feet, but found none near. My hand was very strongly pressed with a prodigious stricture and compression of the parts ; however, I got to the groin, and found the legs and feet extended up in a straight line, so as I could not possibly reach them. I then returned to the head, and endeavoured to push it upwards ; but the pressure was so great against me, that I found it impracticable. I told them the difficulty, which the midwife likewise affirmed ; and, being at a little pause, she proposed calling a neighbouring surgeon, who had some little knowledge that way. As I was a stranger, and newly begun to practise, I was glad to have one to consult with, in this dangerous case. When he came, I told him every thing that had happened, and, after examining, concluded, that it was impossible to deliver by turning. We then agreed, as it was uncertain

tain whether the child was dead or not, to try one blade of the *Forceps*, which I passed up under the *Os Pubis* with some violence ; but receiving no advantage from this, I gave him the same to hold, and introduced a crotchet, as I thought, into the eye, but it proved to be the mouth ; and, at the time when he pressed the head from the *Os Pubis*, I extracted. My hold broke once or twice, till at last, I suppose, fixing in the *Maxilla inferior*, we succeeded in the attempt. Some little flooding had appeared all the while. I forgot to mention, that when we came to the desperate work, and found the arm obstructed us much, I twisted the same off from the shoulder. No signs of life appeared in the child ; but it was very large. The woman was afterwards as well or better than could be expected. The *Uterus*, in the attempt to turn, felt as if it had lost its oval or round figure, and seemed as if it inclosed the *Fœtus* like a sheath. I was about an hour and a half with her ; the waters had been gone twelve or fourteen hours. This, Sir, is a genuine account of a method I was very unwilling to use, especially with a crotchet. Your answer will greatly add to my former obligations. *Query*, Whether an attempt should not have been made immediately when the membranes broke ?

The



The answer was much to the following purpose.

Sir,

No doubt, if you had been called in sooner, there would have been a greater probability that you could have turned the child, especially if all the waters did not come off at once ; but, if all the waters came off before the arm and head were locked close in the upper part of the *Pelvis* to keep them up, the difficulty would have been as great at first as after. What you observe about the *Uterus* is right ; for when the child's head presents, and the breech and legs are extended up to the *Fundus*, the *Uterus* embraces the child like a long sheath, lying up and down in the *Abdomen* ; but when the child presents with any other part than the head, then it is more of a globular figure, and the child can be easier turned. I think you acted very right in first making a trial to turn, and when you could not succeed, to try if one blade of the *Forceps* would assist, especially when the arm was down ; though I seldom find, that one blade does much service, or is so certain a method as when both are applied. No doubt also, as you could not deliver, and the arm was so big as to hinder your operating, it was necessary to take it off. You do not mention if  
you

you opened the head before you extracted with the crotchet, because this always lessens its bigness, and allows it to come along with greater ease : but perhaps that was unnecessary after the arm was out of the way ; and it is also probable that both blades of the *Forceps* could not be applied before that limb was taken off.

C A S E XV.

From Mr. J. of L. in a letter dated 1748.

The head of the *Fætus* high in the *Pelvis*, and prematurely delivered with the crotchet.

He was sent for to a woman who had been several hours in labour, and altho' she had strong pains, the head still stopped at the upper part of the *Pelvis*, and did not advance.

After putting his patient in a proper position, he introduced both blades of the *Forceps* ; and having slipped them up on each side of the child's head, and locked the handles together, he began to pull along with a considerable force.

As the forehead lay to one side of the *Pelvis*, he tried to turn it back to the *Sacrum* ; but it could not be moved, being so firmly fixed in the upper part of the *Pelvis*.

This method not succeeding, he brought out the *Forceps*, and resolved to turn the *Fætus*, and deliver by extracting it by the feet.



This being the woman's first child, he found the *Os Externum* so rigid that it required many efforts during every pain before it could be dilated: this being effected, he endeavoured to force with his hand the head of the child back into the *Uterus*, so as to allow sufficient room to come at the feet.

After repeated trials, he could not with all his strength raise the head so as to pass his hand on one side of it; however, during these efforts, he found the last *Vertebra* of the loins project more forwards than common.

In consequence of this observation he desisted; fearing that if he should turn the child, it would be impossible to save it, on account of the great force it would require to bring the head thro' the narrow *Pelvis*, exclusive of the risque the mother might run of a laceration of the *Uterus*, before the feet could be brought down.

Having fatigued both the woman and himself, he took some respite; then opening the head, introduced the crotchet at the back part of the *Pelvis*, and fixing it above the chin, as he perceived after the delivery, he tried to bring down the head: but by this purchase it was prevented, and forced against the upper part of the bones of the *Pubis*.

Having withdrawn the instrument, he introduced it again along the side of the *Pelvis*,  
and

and moving it gently to the *Pubis*, fixed the point on the side of the *Occiput*; there finding a firm hold, he insinuated two fingers of his other hand into the opening; then pulling and exerting great force with both hands, he at last delivered the head; and the body followed with little difficulty.

The patient was strong, and behaved with great courage all the time, though she complained of great pain in the parts: she was not lacerated in the least, and recovered much sooner and better than he expected.

He observed that the opening was thro' one of the *Bregmata*; that his fingers, when introduced, were violently squeezed as the head came down; and desired my opinion of his management of this, as well as the other two cases he had sent me, which were more successful.

Answer to the above letter.

Sir,

Your succeeding so well with the *Forceps* in the two cases where the heads of both children were come down to the lower part of the *Pelvis*, I am afraid ran you into an error in trying them too soon in the last.

You write me that the head was high in the *Pelvis*; that it was the woman's first child; that she had only been several hours instead



of days in labour; was strong and had vigorous pains; that although you supposed the *Pelvis* was narrow, yet the head was brought along with the assistance of the crotchet; that the opening was small, and the body easily delivered.

All these circumstances plainly shew, that you ought to have waited with patience to observe what these good pains would have done; for if the *Pelvis* is narrow, it takes a long time before the head can be moulded to its form, and squeezed through it: more especially in a first child, where the *Os Uteri*, *Vagina*, and external parts are more rigid, and commonly take more time to dilate.

I am certain, when you attended me, in all the courses, I insisted much on the precaution necessary as to the management of natural and tedious labours; knowing from experience, that young practitioners are apter to err in these than in the preternatural; and I always begged them to attend every labour, as it was too common for the gentlemen to neglect coming, except in the preternatural, or where it was absolutely necessary to use instruments.

Besides, the attending an old practitioner where labours are lingering and doubtful, teaches us how long to allow them to go on without endangering the patient, and when  
it

it is absolutely necessary to give more effectual assistance. I assure you, I have been oftener puzzled in these than in any other; for, as in other parts of surgery, it requires more skill to prevent, than to perform an operation.

C A S E S XVI. and XVII.

Two cases delivered with the crotchet; dated 30th *January*, 1749, from Mr. J—— at *D*.

I had the honour of attending your lectures in *July* and *August* 1747. When I left *London*, you was so kind as to desire me to let you know if any particular case occurred to me in the practice of midwifery, or any in which I found any difficulty. I have met with nothing new, but two cases in which I found a good deal of difficulty. The one was when the arm presented without the *Labia*, the shoulder was pretty far advanced, and the head and feet were firmly locked high in the *Pelvis*. The woman had been some days in labour: I endeavoured all I could to get at the feet; but it was not in my power. After opening the *Chest* and *Abdomen*, I was obliged to bring away the child double, which was pretty easily done, as the child had been some time dead. The woman recovered very well.

The other case was where the head was pretty far advanced into the hollow of the



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*Pelvis*, but stuck at the shoulders above these bones. I did endeavour to deliver her with the *Forceps*, having introduced them twice. They would not hold; which I thought was owing to the looseness of the bones of the skull. The child had been some time dead, and the woman long in labour, and in a low way. I told her friends I did not think she could live till she was delivered; but she lived for half an hour after.

### C A S E XVIII.

The head prematurely opened by a Practitioner; mentioned in a letter from Mess. *B.* and *L.* dated B—— 1751.

Sir,

As we derive all our little knowledge in midwifery from you, we hope you will think we have a right to consult you in any thing relative to it; therefore have sent for your inspection, and our satisfaction or improvement, a case which happened at *Sudbury* last *Friday* or *Saturday*, attended with the following circumstances; which we shall very fairly and justly relate, partly from the testimony of the midwife attending, who had delivered her before, and is in very good repute in these parts, and partly from our own common knowledge of the woman's appearance; to wit: she is rather of a robust, strong constitution,

stitution, large, straight, and seemingly quite well proportioned. She was in labour about six or seven hours; pains pretty severe, but not very frequent, nor any signs of flooding; at which time she sends for one who pretends to practise midwifery (more from impatience and inclination than any sort of necessity), who fancied as soon as he came that something must be immediately done, and therefore proceeded to shew his inimitable dexterity, by making the wound you now see with a common pair of scissars, as soon as he could possibly reach the unhappy babe; which came into the world a most shocking bleeding victim. As we can sincerely assure you, that we shall not attempt taking any advantage of this man's ignorance and barbarity by a due course of law, we hope you will give us your opinion candidly and without reserve, as you have always done hitherto, whether you think the child might have been saved, or was treated according to the rules of art. We apprehend the child's face was to the mother's right *Ilium*, and not very low down; consequently as Mr. *Ould* observes, we cannot see any material use this opening could be of; as no crotchet was employed, the contents not evacuated, nor the opening large enough for the *Sutures* to collapse much; he at last bringing it along with only his fingers. Thus



is this laborious case fairly and truly stated;  
and we both hope, for our own satisfaction  
and improvement, to have your opinion,  
whether we have made a right judgment.  
We are, with great respect,

Sir,

Yours, &c.

M. B. and T. L.

P. S. Your opinion returned with the *Fætus*  
as soon as possible will give great satisfaction  
to, Sir,

Your humble Servants.

The Answer.

Gentlemen,

I received yours with a box. After examining the child, and considering your letter, if the assertions are true that the midwife alleges, I cannot help thinking with you that the gentleman has been a little too hasty in the operation. The woman had been safely delivered before, at this time was strong, had strong pains, only six hours in labour, the head when opened coming along only with the assistance of his fingers in the opening. These strong pains, without the *Cerebrum* being discharged, or the head squeezed into a longish form, shew plainly that they might have been sufficient for the delivery. The design of opening,

ing, is to let out the contents, that the head may be diminished in its bulk when too large to pass; and if this had been the case, such an operation should not be attempted, unless the woman's pains and strength began to fail. I had a case yesterday, the woman very big with the first child; the labour began at four in the morning; she had strong pains, and was safely delivered of a large child, about eight at night. The head stuck in the *Pelvis*, was squeezed to a great length, but by the assistance of the *Forceps* was saved. However, no practitioner can judge of these matters, unless he had been present, because he can seldom rely on any accounts, and we ought always to judge on the charitable side, especially as none of us are perfect; and if this gentleman has acted imprudently, it should be a lesson for you and me to act in a contrary manner, which will always in the end turn to our advantage. The person that brought the box was to call next day; if not, you will write to me what is to be done with it, because it will soon spoil. Excuse this hurrying answer, from,

Gentlemen,

Yours, &c.

W. S.

The *Fætus* these gentlemen sent me was as large as any I had seen, the opening at or  
near



near the *Vertex*, and the head of a round globular figure; from which circumstances it appears that it had not been squeezed down into the *Pelvis*, but lying above the brim; that the gentleman, either from great ignorance of his profession, or hurry of other business, which last is a most shocking reason, did certainly act the part of a bad accoucheur.

## C A S E XIX.

From Dr. *W.* dated *M.* 1750, in which he was obliged to deliver with the assistance of the sharp and blunt crotchets.

He was called to a woman in labour of her tenth child; the membranes had been broke, and all the waters discharged many hours. The head of the child was advanced to the lower part of the *Pelvis*, the forehead to the *Pubis*, and the *Funis Umbilicalis* without the external parts, in which the circulation had been obstructed by the pressure of the head; a certain proof that the child was dead.

Having failed in his attempt to deliver with the *Forceps*, he could not with all his force extract the head, even after he had opened it, until several bones of the *Cranium* were tore out with the crotchet.

Having delivered the head, he was obliged to fix the blunt hook in the arm-pit to bring  
I
down

down the shoulders, and even after that, it required great force to deliver the *Abdomen*, which was much swelled.

C A S E XX.

From Mr. I. dated F. 1751, the arm and head of the *Fætus* presented; the last opened, and delivered with the *Forceps*.

He was called to a woman who had formerly been delivered of four children, none of which could be saved; she at this time had been long in labour.

On examining, he found the *Pelvis* very narrow; the forehead, in place of the *Vertex*, presented; the arm was also protruded thro' the *Labia*. He waited a considerable time, to try what the labour pains would do with the usual assistance of the hand, that the child, if still alive, might be saved.

As the woman grew gradually weaker, and the pains had no effect, he made a large opening in the *Cranium*, and, by dint of considerable force, extracted the same with the *Forceps*.

C A S E XXI.

A dropical head opened, and delivered with the assistance of the hand. In a letter from Mr. H. dated C. 1751.

The woman's *Pelvis* being small, she had been delivered in a former labour with great difficulty;



difficulty ; on which account, when he was called to attend at this time, he waited many hours in hopes that the pains would force the head lower down into the *Pelvis*.

At last, the patient all of a sudden was taken with frequent faintings ; her strength failing, and the pains growing weaker, he was afraid of delaying his assistance too long.

As the head was too high to attempt assisting with the *Forceps*, the *Pelvis* too small, and the woman too weak to venture turning, he perforated, and made a large opening in the *Cranium*, from which issued a large quantity of bloody *Serum* : after this discharge, he, with the assistance of the weak pains, and his fingers in the opening, delivered the woman ; and no bad consequence ensued.

#### C A S E XXII.

Another from the above gentleman, in the same letter : the delivery assisted with two crotchets.

He was called to a woman in labour of a first child. The midwife informed him, that the membranes had been broke, and the patient in a lingering way for five days : but that she was now grown weak, and the pains, that had been strong, were entirely gone off.

As the head presented, he first tried to turn, and deliver in that manner ; then he used the  
*Forceps*.

*Forceps.* Both these attempts failing, he opened the head, introduced a crotchet with great caution, and brought out some of the bones of the *Cranium*: at last he was obliged to introduce a curved crotchet on each side, which had the desired effect. After delivery, on examining the child's body, it plainly appeared to have been dead many days; for the belly was of a livid colour, and the scarf skin stripped off in the handling.

## C A S E XXIII.

The face presented: delivered with the crotchet. In a letter from Mr. H. dated *B. Essex*, 1752.

He informs me that since the attending my courses of midwifery in *London*, he had been called to many cases in that branch of business, and was successful in all of them except the following, an account of which he now sent me.

The face of the child presented at the lower part of the *Pelvis*, the forehead to the right *Ischium*; and the membranes had been broke several hours before his arrival.

He first endeavoured to push up the head so as to bring the child footling; but it was so wedged in the bones that he could not move it. He next tried to deliver with the *Forceps*, which also disappointed his expectations: at last he was driven to the dernier resource, that of diminishing the head.



As he could not perforate the bones of the face and forehead, to make an opening through these parts, he introduced a crotchet above the temporal bone ; and at length, after six hours fatigue in trying these different ways, he delivered the patient.

He observes, that in time of operating, he several times called to mind an expression which he once heard me use, *viz.* that students should never think themselves perfect : for after all the instruction that could possibly be conveyed, there were many things in midwifery which could only be learned by practice and observation : and that cases would sometimes occur, which would puzzle and foil the best practitioners.

As my correspondent mentions nothing of the strength of the woman, and the force of the pains, I take it for granted, that he did not begin to operate, till there was no hope of delivery by the efforts of nature, as the methods he used to effect delivery should never be attempted but in the last extremity.

What surprises me is the great length of time he was at work, and the fatigue he underwent before he could deliver the patient, unless he desisted a long time betwixt every trial, and only extracted in a slow manner and by intervals.

## C A S E XXIV.

From Mr. B. dated B. 1744, the patient delivered with the crotchet.

Sir,

I was called to a woman who had been extremely hearty during her pregnancy, was indulged in eating, even to excess, and was uncommonly big. When she was in labour, the midwife had promised a speedy delivery from nine in the morning till ten at night.

When called, I found the head presenting, and imagined in a good situation to assist with the *Forceps*; but after introducing them, I could not with all my strength move or deliver the head, neither could I push up my hand into the *Uterus* to deliver the child by the feet.

I next tried to extract the head with a crotchet; this proved unsuccessful also: at last, after four hours working to no purpose, and a flooding coming on, I perforated the skull and delivered the child, and the woman recovered.

I beg your remarks, and your opinion, if waiting in such a case would not have been dangerous for the woman. The child was very big, and weighed sixteen pounds.

The



The answer was much to this purpose:

Sir,

After examining all the three cases you sent me, I doubt your success in them has been the occasion of your trusting too much to good fortune in the fourth, where you was obliged to deliver with the crotchet, which I am afraid proceeded from trying both to deliver with the *Forceps*, and to turn the child before it was absolutely necessary. You do not describe the state of your patient when you was called. If she was much weakened and exhausted from the length of the labour, the pains lingering and no hopes of delivery from them, you was in the right to try the two first methods to save the child, and after these, if the woman was in absolute danger of her life, you are excusable for having recourse to the last expedient.

When you found the head would not come along with the assistance of the crotchet, you should have opened it immediately, that the contents might be discharged, and the head diminished. This would have saved the time and fatigue you mention.

I hope this unsuccessful case will be a caution against using the *Forceps* too soon.

Attempts to turn the child with great force, when the head is engaged in the *Pelvis*, and  
all

all the waters are discharged from the *Uterus*, frequently loosen the *Placenta*, and bring on a flooding, such as you describe.

C A S E XXV.

The child extracted piece-meal; a case, described in a letter from Mr. G. L. dated S. 1748.

Sir,

I was called to a woman of fifty years of age, in labour of her first child, with a *Pelvis* excessively narrow.

The patient had been long in labour, was very weak, and the pains had abated. After stretching the external parts, I could not introduce my hand through the bones of the *Pelvis*; however, in this trial, I felt with my fingers that the head presented.

On opening the head, more than a quart of foetid *Serum* was discharged. I then introduced two fingers, and along them a crotchet, and got a firm hold with that instrument on the *Os petrosum*.

After having endeavoured with all my force to extract the head with both hands, one at the instrument, and the fingers of my other in the opening, I could not move it, until I introduced another crotchet on the opposite part of the *Cranium*: by pulling at both these instruments, some of the bones



were loosened, and came away with the crotchets.

I then with the scissars cut in pieces the whole of the *Cranium*, which, with two or three fingers, I extracted, piece by piece; afterwards, by the assistance of the blunt hook, I brought down the shoulder, and separated it from the body. I was obliged, in the same manner, to extract every part of the child.

### C A S E XXVI.

A distorted *Pelvis*; the head delivered with the crotchet; in a letter from a practitioner in midwifery, soon after I retired from business, dated *London, September 25, 1759.*

Sir,

A young gentleman called me to a poor woman in *St. Giles's* the 25th of last *July*, at eight o'clock at night, and informed me, that he, and some others, had been sent for by a midwife about an hour before; that the woman had been several days in labour, and was seemingly much exhausted.

I went immediately with him to the place. The gentleman, as the hairy scalp was tumefied, imagined, that the breech presented; but, upon examination, I found it was the head with one of the hands, and I perceived the *Pelvis* of the woman was very narrow.

She

She told me, she had been delivered twice before by gentlemen, of dead children. Upon this information, and as she still had strength, and frequent small pains, and complained that she had enjoyed no sleep for two nights before, I ordered her an opiate.

This precaution being taken, we left her to the care of the midwife, desiring the patient might be kept as still as possible, in hope she might get some rest.

We were again called early next morning, and found her quite wore out with the pains and want of sleep, and the head of the *Fœtus* not in the least advanced.

Being afraid, if I delayed the delivery longer, that a mortification might soon invade the parts of the woman, from the continued pressure of the child's head, I opened this last with the scissars, and enlarged the perforation. This being done, I introduced the curved crotchet within the skull, mounted with the sheath, to prevent the sharp point's hurting the patient, if it should slip in pulling.

Having destroyed the structure of the *Cerebrum* and *Cerebellum*, that they might pass off, so as to diminish the head, and finding I had a good hold in the inside with that instrument, I pulled with one hand at that, and with the fingers of the other in the



opening, by which means I extracted both the *parietal* bones; but, although I exerted all my strength, and a great part of the contents were discharged, yet the head was not moved an inch lower.

Failing in the above attempt, and finding I could not introduce my fingers, to direct the sharp crotchet, on the outside of the head, on account of the narrow *Pelvis*, and the arms filling up the *Vagina*, I was obliged to twist off the limb from the shoulder. This was pretty easily effected, as the child had been for some time dead, which plainly appeared from the skin stripping off from that member. After removing the arm, I even then with much difficulty introduced my fingers, and along them the crotchet, and got the point fixed above the chin; then pulling with great force, and with both hands, in the same manner as before, the head began to move down within the projection of the distorted bones, and I continued pulling it, till it was intirely delivered.

The body followed, without the use of the crotchet, but not without using great force. The distance, so far as I could judge, did not exceed two inches and a half from the jetting forwards of the upper part of the *Sacrum* to the *Pubis*. Although the woman had suffered so much from the length of the labour,

as

as well as from the great force used at the delivery, yet she recovered better than could have been expected, and is now quite well.

He also writes, in the same letter, that he was called lately to a patient about forty years of age, in labour of her first child. The *Hymen* shut up the passage into the *Vagina*, and was ruptured by the head of the child, so that the patient had an easy delivery.

C A S E XXVII.

A letter from a gentleman near *London*, dated 1<sup>st</sup> *January* 1761, contains the history of a laborious case, in which he honestly owns he prematurely tried to deliver with the *Forceps*; but the head of the *Fætus* being too high in a narrow *Pelvis*, that method did not succeed; he then administered an opiate, to procure some rest, and allay the violence of her pains, as she had been much fatigued. Being called on other business at some distance, he did not see her before the following day, when he found her much exhausted by the labour; and, being again called to another patient, he was afraid of her dying, if he did not deliver the child before he went away. As the head was not advanced, so as to promise any success from the *Forceps*, he was obliged to use the disagreeable method of opening the *Cranium*, through a large tumor



of the hairy scalp; after which, with the assistance of the blunt crotchet, he extracted the child, but with greater difficulty than he expected, as it was very large.

He takes occasion to lament the condition of poor women who live at a distance from assistance, in the country; and the dismal situation of practitioners, who are seldom called in time, and even when properly called, prevented, by a hurry of other business, from giving due attendance. This is too frequently the occasion of tempting them to operate, before it is absolutely necessary; on which account, he says, he is resolved to attend none but patients whom he can deliberately attend, and leave such cruel methods to more obdurate practitioners in his neighbourhood.

He concludes his letter, congratulating me upon my happy retirement in old age, after a long course of successful practice, and expressing his satisfaction to hear, that my time is employed in finishing the second volume of Cases. He is pleased to say, that although the malevolence and envy of the ignorant, or self-interested, have cavilled, yet after-ages will value my works, as standing monuments of the improvements in midwifery.

## C A S E XXVIII.

From the Medical Essays of *Edinburgh*,  
Vol. III. Art. 19.

An account of the fides of the *Os Uteri* grown together in a woman with child, by *Thomas Simson*, M. D. Professor of Medicine in the University of *St. Andrews*.

A woman, forty years of age, observably narrow between the *Ossa Pubis* and *Os Sacrum*, had been four days in severe labour of her first child, when I was called to assist her: The child appearing to have been dead for some time, I opened its head and extracted it, but with great difficulty; its shoulders and haunches being too large to pass in the straitened passage between the bones. During some days after her delivery, she passed a great many small rugged stones by the *Urethra*, and, at length, after her urine had been stopped some time, her husband drew out of the *Urethra* a large piece of thick membranous substance, three inches in length, and, in some parts, two inches broad; one side of it was covered with a crust of small sharp stones, the other side was inflamed and bloody, which made me judge it to be part of the coats of the bladder separated; and I was confirmed in this opinion, by introducing a *Catheter* into the bladder; for, whenever it touched cer-



tain parts of the sides of the bladder, blood came with the urine. The patient continued a long time with a plentiful suppuration about the *Pudenda*, but we did not suspect that the *Pus* came from the *internal* parts, but only from the *exterior*, which had been somewhat lacerated. About three months after delivery she fell again with child, and took her pains after the ordinary period. She continued two days in hard labour before I saw her. The midwife then informed me, that the inner orifice had yielded nothing: I left her half a day, and things remaining in the same way at my return, I examined her condition, and found, that the *Os Tincæ* had not only not yielded, but that the sides of it were grown together, without any vestige of a passage, whereupon I asked the assistance of another physician, and Dr. *Haddow* being called, was, as well as the midwife, sensible of the case being such as I judged it to be, wherefore we agreed to make an incision into the *Os Uteri*; but we were first obliged to dilate the *Vagina* sufficiently, that we might operate more securely. We had no *Speculum matricis*, and therefore behoved to supply it by some other instruments. We tried to make the dilatation with a pair of long broad bladed *Forceps*, but they neither had strength to dilate sufficiently, nor did they

keep

keep the *Vagina* equally open. After this we caused two pieces of wood, each three inches long and two and a half broad, to be made concave on one side, and convex on the other, and of no more thickness than we thought would be sufficient to be a strong enough pressure by the necessary dilatation. When these were finely polished and besmeared with grease, I introduced them into the *Vagina*, with the concave faces to each other, then sliding in the legs of a *Speculum Oris* between them, and turning its screw, I separated the pieces of wood so far as we could see distinctly the *Cicatrix* of the grown-together parts, and could have easy access to divide them, which I did, by an incision at least half an inch deep, before I pierced through the substance of this part of the womb; then immediately introducing my finger at this wound, I touched the head of the child, and felt the whole circumference of the passage hard, like a cartilage, which yielded nothing to several throes she had after the incision, so that I was obliged to guide a narrow-bladed scalpel with my finger, to make several incisions into this cartilaginous ring; in doing this, there was not the least appearance of blood, and the patient had no trouble, except what the dilatation of the *Vagina* gave her. The labour continuing, the passage dilated a little,



little, but not so much as to give any hopes of its allowing the child's head to pass, notwithstanding the bones of the *Cranium* were overlop'd; and therefore I was obliged to bring away the child, as I had done the former. In this birth, there was no liquid with the child, nor did any blood follow it; it was quite supple, and had a white chalky crust over its whole body; so that we were convinced it had been dead some time. The want of waters was some surprise, till I recollected, that, in the time of labour, she told us, they were passing, at which time I had the curiosity to make strict observation, and found what she called the waters passed by the *Urethra*, which opened externally by three different orifices; this, with her having lost such a portion of the bladder formerly, and her being subject to the gravel, gave me ground to think, there was some communication between these passages and the cavity of the womb above the *Os Tincæ*, which had allowed the waters to be evacuated. I was the more inclined to entertain this supposition, because frequent instances have been observed, of stones making their way through the neighbouring parts, as happened to a boy in this neighbourhood, who passed a very large stone, which had lodged long in the bladder,

bladder, by the *Anus*, by which the urine had its course sometime after.

My patient, immediately after being put to bed, was seized with a pleuritic pain, very high fever, and difficult breathing; which coming on so soon after her being fatigued several days with hard labour, during which she slept none, but drank much of every thing in her way, appeared to me rather the cause of her death in twenty-four hours after, than any consequence of the incision I had made, for she never complained of uneasiness in those parts, nor had any *Hæmorrhage*. Notwithstanding all the solicitations I could use with her relations, I could not prevail with them to allow me to open her body.

[*Vide* Collect. XXXV. Case 8. 10. 16. and Collect. XL, Case 8. Collect. XXXIX. No. 1. Case 3.]



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## COLLECTION XXXII.

[*Vide* Vol. I. Book 3. Chap. 4. Sect. 1. and 2.]

Of preternatural labours, in which the legs or breech presented in place of the head.

[*Vide* Anatomical Figures, Tab. 29, 30, 31, 32, 33, 34, 35.]

### C A S E I.

In which the feet presented, and were protruded without the external parts.

**I**N 1738, the year before I settled in *London*, a midwife sent for me to assist in a labour. The legs of the *Fætus* were forced down through the *Os Uteri* into the *Vagina* immediately after the membranes broke, and she had tried to bring down the child's body by pulling.

As I suspected from this information, that the body lay double in the *Uterus*, which prevented the breech from coming down in the former trial; after stretching the *Os externum*, I introduced my hand into the *Vagina*, and up along the thighs of the child to within the *Os internum*, where I found the breast and chin squeezed down at the left side, just above the brim of the *Pelvis*.

After

After considering the case, I took hold of the feet with my other hand, which were without the *Os externum*, and pulled at them; while at the same time I pushed up the breast and head to the *Fundus Uteri*, with the hand that was introduced at first.

Finding that the breech came lower, and that the pushed-up parts did not return, I withdrew my hand from the *Uterus*, and having wrapped a cloth round the legs, pulled at them with both hands, till I brought down the breech to the *Os externum*.

As the belly of the *Fætus* was to the left side of the *Pelvis*, I turned it back to the *Sacrum*; and altho' I tried to deliver without bringing down the arms, yet I found the shoulders so large, that I was obliged to introduce a finger over one of them, and along the arm.

This I slipped down gently into the concavity of the *Sacrum*, and brought it out thro' the external parts with a semicircular turn, to prevent a fracture in the extraction.

Then I brought the body lower, but finding that the head stopped at the upper part of the *Pelvis*, I insinuated my hand up along the breast, and introduced a finger into the mouth, and by pulling gently brought the forehead into the concave part of the *Sacrum*: being afraid of overstraining the under-jaw,



I quitted that hold, and placed a finger on each side of the nose; then I laid the body of the child on that arm, and by slipping the fingers of my other hand over the shoulders, and on each side of the neck, I got the head safely extracted.

That I might operate with greater ease, both to myself and the patient, she was at first laid on her back across the bed, her breech to the side, and two women supported her legs: in delivering, I at last was obliged to raise up the child's body, so as to bring out the head with a half round turn upwards, to prevent the *Perinæum's* being tore, as these parts were forced outward in form of a large tumour; by which precaution, both the mother and child were safely delivered.

[*Vide Collect. XXXV. Case 1.*]

## C A S E II.

The breech presented; and forced down to the *Os externum*.

In the year 1746, being sent for to a woman in labour, the midwife told me, that at her first examining, and even after the membranes were broke, she could not distinguish what part of the child presented, until the pains forced it lower and lower; and then, both by the discharge of the *Meconium* and the

the touch, she found that the breech presented; but having waited several hours in expectation of the delivery, and at last being afraid of the child's life, she had recourse to my assistance.

On examining I found the *Nates* at the lower part of the *Pelvis*, and in a right position with the thighs to the *Sacrum*: as the pains were now weak, and expecting it would require considerable force to deliver the child, I caused the patient to be laid in a supine position, as in the preceding case.

In time of the pains, I gradually stretched the *Frenum Labiorum* with my fingers; then standing up, turning the back of my hand downwards, and introducing my fingers betwixt the breech and the *Os coccygis*, I tried to raise up the *Nates*, so as to be able to bring down one or both legs.

Although I failed in this attempt, and could not raise the *Nates* so high as to allow my hand to pass up into the *Uterus*; yet this effort gave more room, by stretching the parts, and allowing an easier passage for the child, which I found was very large; and indeed this was the sole occasion of the difficulty.

After bringing down my hand, I introduced the fore and middle finger of each into the out-side of each groin, betwixt the thighs and body of the child: with the assistance of this hold, and pulling from side



to slide, and upwards, to prevent the *Perinæum's* being tore, I at last brought the hips through the *Os externum*, at several efforts, and by the assistance of the weak pains: after which and with much fatigue, I brought down the arms and delivered the head as in the former case.

Altho' I used all precaution in delivering the head, and indeed exerted less force than in the former case, yet the child was dead; a circumstance which seemed to proceed from the long pressure of the *Funis*, by its being tumefied and squeezed of a flattish form near the navel.

### C A S E III.

The breech presented and the head; delivered according to *Daventer's* method.

In the year 1749, I was called, about five in the morning, to a patient that had bespoke me to attend in labour of her first child; she had been in labour most part of the night, and did not send till the membranes were broke.

The breech presented; the thighs were to the right side of the *Pelvis*; the right hip was forced down in the back part, and the left stuck above the *Ossa Pubis*.

As this was her first child, I waited with patience, in hopes that both hips would advance

vance gradually, and stretch the *Vagina* and external parts; but the *Meconium* having come down in great quantity, the woman also being much fatigued, and the pains abating about noon, I was afraid, if I delayed assistance longer, the child would be lost.

Finding that the delivery was principally retarded by the hip sticking above the *Pubis*, I dilated the *Os externum* a little, and after introducing two of my fingers betwixt the *Pubis* and the hip, pressed and moved it in time of a pain to the right side of the *Pelvis*: this endeavour immediately altered the former position by bringing the thighs to each side of the *Sacrum*. The child being small, was forced lower and lower every pain; the body and head were delivered, without my being obliged to bring down the arms, as in the former case.

The woman lay in bed on her left side; and as the head was small, I delivered it according to *Daventer's* method; by fixing the fingers of my right hand over the shoulders, and on each side of the child's neck; then taking hold of the body with my left, and pulling with both hands backwards to the patient's breech, I brought out the *Occiput* and *Vertex* from below the *Pubis*, while the chin was within the lower and back part of the *Vagina*, to prevent tearing the fourchette, which felt very rigid.



The child lay some time breathing but seldom ; but, at last, recovered more strength.

## C A S E IV.

A breech case, from Dr. *Tatbwell*, physician of *Stamford*.

May 6th, 1755, a woman aged thirty-two, having gone her time with her first child, some slight pains came on, and the waters broke ; after which the pains went off for a fortnight, then came on again, and the fæces of the child were observed by the midwife (Mrs. *Reeve*, whom you taught) to come away.

Upon examination, I found one of the hips present ; but the *Os internum* not being open enough, and the pains only slight, I directed some *Thebaic* drops with *Tincture* of *Castor* and warm suppings, ordering the woman to compose herself, and if any change happened to send to me again.

In a few hours the pains were so increased, and the *Os internum* so opened, that when I was fetched back I found the *Nates* of the child squeezed out, which I helped forward to the hams, then got out the legs, and after giving a quarter turn to bring the head right in the *Pelvis*, fetched down the arms, delivered the head, and with a little assistance the *Placenta*.

No pulsation could be perceived in the umbilical cord, though the mother thought she

felt the child stir that morning, but probably the same pressure on the *Abdomen* of the child which had brought away the *Meconium*, stopt at the same time the circulation in the navel-string.

Every thing went on right after delivery, by the help of a few drops above mentioned, and the woman got well at the usual time.

### C A S E V.

The breech presenting; the thighs to the *Ischium*, low down, and turned to the *Pubis*.

I assisted in a case much of the same kind as the former, in the year 1745, but was obliged to bring down the body in a different manner: for when called, I found the breech presented low in the *Pelvis*, and the thighs to the left side. The midwife told me, that it had been long in that position, that she could not move it, after repeated trials and strong pains. As the patient lay on her left side, I tried to raise the breech with my right hand, so as to bring down the legs; but the contraction of the *Uterus* being so great against me, I could not move it up sufficiently for that purpose: however, by this trial I did some service, in opening the *Os externum*, and likewise felt pulsation in the navel-string, as it lay secure betwixt the thighs, which kept it from being pressed. The *Ischium* being



much lower than the *Pubis*, I durst not venture to bring down the thighs at that part, neither did I chuse to pull the body further down to make more room, for fear of engaging the shoulders too low in the *Pelvis*, which would prevent my turning the fore-parts of the child to the back parts of the *Uterus*; but I turned up the right thigh from the *Ischium* to the *Pubis*, by which means I easily got hold of the joint at the knee, and brought down that leg, and after that delivered the other leg in the same manner. I had tried before this to turn the breech with my fingers of both hands, on the outside of the groins, both backwards and forwards; but the breech being large, and firmly locked in the *Pelvis*, I could not move the thighs in that manner either to the *Sacrum* or *Pubis*. After I brought down the thighs and breech to the *Os externum*, a strong pain came on sooner than I expected, and pushed down the body to the shoulders, before I was aware, into the *Pelvis*. After wrapping a cloth round the child's hips, I tried to turn the fore-parts to the back-parts of the patient, but could not move it, till I forced up the body again to the hips; by that means the shoulders were disengaged, and the belly yielding easier, I got it turned backwards. I then delivered the body and head, as in the second case; but  
the

the last coming more difficultly, I was obliged to bring down both arms before I could extract the same with safety.

C A S E VI.

The breech presenting, and the thighs to the  
*Pubis.*

I was bespoke in the year 1750, to attend a woman in her first child. When I was called, I found that the membranes were pushed down with the waters in time of a pain, and that the mouth of the womb was very thin, and open about the breadth of half a crown. As the pain went off, and the membranes grew lax, I pushed up my finger further, and found some part of the child through them; and although it felt round like the head, yet it was softer at some parts than others, and more unequal, which made me suspect, as it was so high up, that it might be the shoulder: however, as this was her first child, and the parts were very strait, and the patient very young, I thought it more advisable to wait with patience, to let the parts open in a slow and gradual manner by the membranes and waters. This being in the evening, I left her, and called again about eleven that night. The pains had been but slight, and there was but very little alteration in the mouth of the womb; only I found that



the membranes were pushed further through it. I could now more distinctly feel the part that presented, and was pretty certain that it was not the head. I wanted the labour to go on slowly, to allow time for softening, and stretching the *Os uteri*: I was also afraid if the labour was hurried on too fast, especially as I found the membranes pushing down of a longish form, that they would break too soon, or before the *Os Uteri* was fully opened. I ordered an anodyne draught, and desired her to go to bed, and take all the rest possible. In order to amuse her, and keep her from thinking too much upon her situation, I told her that the labour was scarcely begun, and desired the nurse to send for me as soon as the waters came off: however, as the case might turn out difficult for the patient, and dangerous for the child, if not rightly managed, I staid all night without her knowledge, and went to bed in the house. I was not awaked till the membranes broke, about six in the morning, when I examined, and found the *Os Uteri* considerably more open, and not so rigid, and the breech pushed down into it, with the thighs to the *Pubis*. The nurse informed me, that the patient had slept betwixt the pains, which grew gradually stronger; but she had not had any since the waters began to come off. I desired she would still keep  
quiet

quiet in bed, thinking that now, perhaps, her sleeps would be longer and more refreshing, if she continued any time free from pains. Accordingly she enjoyed a good deal of sound sleep, during which she had some slight pains, and some of the waters were discharged.

About ten, the pains grew stronger and more frequent, by which the breech was forced down, and gradually dilated the *Os Uteri* to its full extent. I then began to stretch the *Os externum* gently every pain, that I might assist the delivery with greater ease, to prevent the child's being lost by its stopping too long, when come down to the lower part of the *Pelvis*.

As the breech advanced further, the *Mecconium* began to be discharged. The middle of the thighs being then down at the lower part of the *Pubis*, I introduced my finger betwixt them, up to the belly, and felt the *Funis*, with a pulsation in it. I then introduced a finger of each hand to the outside of each groin, and helped down the hips lower, till I felt the hams at the under-part of the *Pubis*; then taking hold of one of them with the fingers and thumb of each hand, I brought down the legs slowly, first one, and then the other. The limbs being slippery, I introduced a cloth betwixt them and my fingers, to prevent their slipping, and then turned the fore-parts of the child to the back-parts of the *Uterus*. I



had several times found, that after I had turned the child in that manner, the forehead, instead of being backwards to the side of the *Sacrum*, was towards the groin, and brought down with great difficulty in that position, unless I could turn it more backwards, by pressing it with my fingers: in order to prevent this difficulty, I turned the body a quarter more, which brought the forehead backwards as above, and then delivered as in the former cases. The child was alive.

#### C A S E   VII.

The breech presenting, the delivery assisted with the curve at the handle of the blunt hook, and a fillet or limber garter.

I was called, in the year 1752, by a midwife, to a case where the breech presented much in the same manner as the former. It was the woman's first child; and before I was called she had been many hours in labour after the membranes were broke. The thighs were towards the *Pubis*, and the breech was come down to the lower part of the *Vagina*: the *Perinæum* and fundament were pushed out in form of a large tumor by the breech, which had stopped there for some time, and the woman's pains were grown weak, and seldom. As she lay on her side, I dilated the *Os externum* gradually during  
every

every pain; and when I could introduce all my fingers, I turned the back of my hand towards the *Perinæum*, to raise the breech; but the woman shrinking away from me, and altering her position, I turned her on her back, as described in Collection XXV. No. 1. Case 1. and she being firmly held and supported by assistants, I proceeded without much interruption.

Having dilated the parts, I applied a finger to the outside of each groin, and tried to help along the breech; but could not move it, after several efforts. I tried to push up the breech, and bring down the legs, but could not raise it above two inches. I afterwards waited some time, to see if the pains would push the breech farther, especially after the parts were so much opened. Finding both them, and the assistance of my fingers, ineffectual, and the woman much exhausted, I introduced the large curve of the blunt hook with my left hand, betwixt the fingers of my right, along on the left hip, and slipped the point in betwixt the thigh and the body of the child, till I found the point past the inside of the groin, betwixt the thighs; then taking hold of the small end of the hook with my right hand, and applying the fingers of my left hand to the outside of the opposite groin, I gradually brought the breech lower; but finding it again stopt, and that  
the



the left hip was brought farther down by the curve than the right, I changed it to that side. After repeated trials, I could not deliver the breech, nor bring the body so low down as to manage the legs. I now withdrew the hook, and, with a good deal of difficulty, passed a garter betwixt the thighs and body, by the help of which, the parts advanced, till the joint of the ham came below the *Pubis*; then bringing down the legs and thighs, and wrapping a cloth round them, with a good deal of difficulty, I turned the back-parts of the child to the fore-parts of the *Uterus*. I tried to give a quarter turn more, with the hip up towards the *Pubis*, but could not move it further. I therefore began to pull along the body of the child, which required greater force than I expected; but at last I delivered the belly, which felt very large; upon which the shoulders and head came easily along.

Although I felt (from my not being able to give the hips the quarter turn) that the chin, instead of being at the side of the *Pelvis*, was towards the left groin, yet, as the head was small, I moved it backwards, and with my finger in the mouth, brought the forehead to the hollow of the *Os Sacrum*, and delivered as in the former cases. When I examined the child, I found that the whole  
difficulty

difficulty proceeded from its having been dead, so that the belly was very much swelled; a circumstance which I did not suspect, as both the woman and midwife had assured me they felt the child stir; however, it had been certainly dead several days, for the scarf-skin was livid, and stripped off in several places.

C A S E VIII.

The breech presenting at the brim of the *Pelvis*, and the thighs to the left side.

Being called to a woman in the year 1747, whose former labours used to be pretty easy, the midwife told me, that one of the hips presented; and although the mouth of the womb was largely open, and the patient had been in strong labour, yet the other hip did not advance, but stuck above the share-bone. I found the left breech pushed down to the middle and back-part of the *Pelvis*, and pretty much swelled; and perceived that the thighs were to the left side, and the right hip above the *Pubis*, as the midwife had said. As the woman had been much fatigued, and her pains were grown weak, I introduced my right hand, contracted into a conical form, into the *Vagina*, and pushing up the breech higher, made room for my hand to advance along the thighs, towards the *Fundus Uteri*: finding the legs up towards the *Fundus*, and  
some



some water still retained in the *Uterus*, I easily folded down the legs, and after I had brought them and the thighs without the *Os externum*, I turned the belly to the *Sacrum*, and delivered the child as in the first Case.

### C A S E IX.

The breech presenting at the brim of the *Pelvis*, the child large, and the thighs to the *Pubis*; the patient troubled with floodings.

I was called by a midwife, in the year 1748, to a woman who was in labour of her first child. The right hip was pushed down at the right side of the *Pelvis*; the woman had been long in labour; a great many cloths had been wetted with discharges of blood from the *Uterus*; and although it flowed gradually, and in small quantity, yet the woman was considerably weakened.

As the fore-parts of the child were towards the *Abdomen*, I placed her on her side, and gradually, as in the former case, introducing my hand into the *Vagina*, raised the breech: after I had insinuated it up along the left side of the child I stood more behind the woman, and turned my hand to the fore-part of the *Uterus*; but the *Uterus* being strongly contracted, I was obliged to advance very slowly, dilating as I advanced, and then could only bring down the left foot. I was afterwards

afterwards obliged to push at the breech, and pull at the foot, alternately, before I could bring down the leg and the thigh. This being effected, I wrapped a cloth round the leg, and took hold of it with my right hand, while at the same time I applied the fingers of my left above the right haunch, on the outside of the groin; and by pulling with both hands, brought down the body, till the ham of the right leg was descended below the *Pubis*. I tried to turn the fore-parts of the child backwards; but could not till I brought down the right leg.

Finding the child was large, and expecting it would take a good deal of force to deliver the head, I altered the woman's position by turning her on her back: then wrapping a cloth round the thighs and breech, having already turned the fore-parts of the child to the back-part of the *Uterus*, I brought it down to the shoulders; but finding it stopped at the head, I introduced my fingers and hand along the breast, and discovered that the obstruction was from the forehead's resting against the left arm of the child at the left side of the *Sacrum*. I then brought down that arm, introduced two fingers into the mouth, and delivered as in the former cases, though not without a great deal of force: for after I had got the fingers of my right hand



hand into the mouth, and laid the child's body on that arm, and taken a firm hold over the shoulders with the fingers of my left hand, I was obliged to encrease the force every attempt. Being afraid I should overstrain the jaw, I withdrew my fingers out of the mouth, and tried *Daventer's* method, by pressing down the shoulders, so as to bring the *Occiput* from below the *Pubis*; the head, however, being too high to be moved by that method, I again had recourse to the former; but advanced my fingers higher, placing them on each side of the nose: I pulled so long, and with so great force, before the head was delivered, that I was surpris'd to find the child alive.

### C A S E X.

The breech presented; the thighs to the *Sacrum*, and the *Pelvis* distorted.

I was bespoke in the year 1748, to a woman who had suffered very much in her former labours from the *Pelvis* being distorted. When I was called to her about six in the morning, I found the mouth of the womb largely open, and the membranes pushed down with the waters in time of a strong pain. As the pain went off, and the membranes became lax, I felt plainly through them, that the head did not present; but was  
uncertain

uncertain whether it was the breech or the shoulder : I could just touch with my finger the projection of the last *Vertebra* of the loins with the upper part of the *Sacrum*. Though concerned that the child did not present fair, I was pleased to find that the *Pelvis* was not quite so narrow as it had been represented.

About an hour after I came, and before the membranes broke, I examined and found them pushed farther down ; and as the pain went off, I found that the breech presented. Placing the woman in a convenient position, as described in Collect. XXV. No. 1. Case 1. with her head and shoulders lower than her breech, I gradually opened the *Os externum*, and introduced my hand into the *Vagina* as a pain went off. Endeavouring to raise the breech, my fingers broke through the membranes, and as a large quantity of waters were retained, I easily brought down the legs, which were to the back-parts of the *Uterus*.

After I had brought down the body to the shoulders, I tried to bring the head into the *Pelvis*, by pulling in different directions, *viz.* upwards, downwards, and from side to side ; but finding I could bring it no further, I introduced my fingers and hand in a flattened form betwixt the breast and back-part of the *Os externum*. In advancing further, I felt the chin and face at the upper part of the *Os Sacrum*,



*Sacrum*, the forehead retained above the distorted part formed by the last *Vertebra* of the loins, and the forementioned bone: I tried to pull the forehead down with my fingers placed on each side of the nose; but could not move it: then I pulled down the left arm of the child, and pressed the face and forehead to the left side of the *Pelvis*, where there was more room. I made a second effort to bring down the head in the same manner as before; but as it still stuck, I pulled down the right arm: in a third trial, I brought the forehead down to the hollow of the *Os Sacrum*; delivered the head, and saved the child, contrary to expectation.

### C A S E XI.

The breech presenting: the *Pelvis* narrow; and the thighs to the *Pubis*.

I was called by a midwife in the year 1752, and found the breech presenting, and the *Pelvis* distorted. The midwife told me, that the woman's former labours had been very difficult and tedious; but now as the breech presented, she was afraid the difficulty would be greater; observing that she had sent for assistance as soon as she found (after the waters came off) the position of the child. As I found the thighs were towards the *Pubis*, I kept the woman as she was then lying on her  
left

left side, and brought her breech nearer the side of the bed. Introducing my hand into the *Vagina*, I pushed up the breech of the child, and advanced along the fore-parts of the *Uterus*, to search for the feet; but, finding a greater resistance than I expected from the *Uterus* and child, and perceiving the head and shoulders of the woman lay high, I turned her from the side position to her knees and elbows, without bringing down my hand, by which means her breech was raised higher than the body. I found the resistance diminished, and brought down the legs; then turning her to her back, brought down the body. After I had turned the fore-parts of the child to the back-parts of the *Uterus*, I introduced my fingers to the face, as in the former case. Finding it to the left side of the projection at the upper part of the *Sacrum*, and the right arm lying before it at the left side of the *Pelvis*, I first brought down that, and then helped down the forehead; but before I could deliver the head, I was obliged to bring down the other arm, and saved this child also, although a good deal of force was used to deliver the head.

Five minutes elapsed before the child breathed, and it continued much longer breathing weakly; but by the use of stimulants it began to cry, and continued to cry incessantly,



till one of the women observed a large swelling betwixt the left ear and temple. This I immediately pressed with my fingers, on which it ceased crying; but in taking them off it began again, and the swelling that subsided on pressure returned. To remedy the complaint, I dipped a thick compress in a mixture of oil, spirits, and vinegar, and applying it to the tumour, desired the woman that held the infant, to keep her fingers pressed on the place for a long time. When I examined it next day the swelling was gone; and it appeared to have been that part which stopt so long at the projection of the upper part of the *Sacrum*, before the head was delivered.

## C A S E XII.

The breech presented; the body and arms delivered by a midwife.

In the year 1748, I was called in a great hurry, to a woman in the same street. On examining, I found the body of the child delivered, and only the head remaining unextracted. The patient was pretty corpulent, and begged that I would relieve her out of her misery, and if possible save the infant.

I felt no pulsation in the *Funis Umbilicalis*; but as that might have been just stopped, I immediately, and with great ease, delivered the head, by introducing my hand betwixt the  
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the neck of the child and the back part of the *Pelvis*. I slipped two fingers into the mouth, which was to the left side of the *Sacrum*: by that hold I brought down the face and forehead, turning them at the same time a little more backwards, into the concave part of the *Sacrum*: then placing the fingers of my other hand over the shoulders, and on each side of the neck, and raising up the body, as the woman was in a supine position, I delivered the head as described in Cases 1 and 2 of this Collection.

Two of the patient's sisters who were present, finding the child was dead, expressed their resentment against the midwife, and ordered her out of the room: however, I interposed, and desired that she might first assist in laying the woman right in bed; then I begged to hear the progress of the labour.

As she found the breech present, and had used more force than is commonly exerted, the friends had been alarmed; but were satisfied for a little, when she assured them that the child came in the natural way, and that the patient and child would be soon and safely delivered.

She at first brought down the body and arms easily, with the assistance of the strong pains, but with all her strength she could not deliver the head; and at last was obliged to



own to the attendants that the child came wrong; though not before she had made several trials after the first alarm.

## C A S E XIII.

The breech presented, and delivered by a midwife.

In the year 1752, I was called by a midwife, who told me that the body of the child had been delivered an hour ago; but not being able to bring out the head, she had desired my assistance. As the pains were now grown stronger, she begged I would wait a little, and if the patient was not soon delivered she would introduce me to her. I inquired if she had felt any pulsation in the *Funis*, after the body came down; she acknowledged that she had felt it at first, but it had stopped long ago.

She was called into the room in a hurry, and the head was immediately delivered with the pains.

About an hour after, I was sent for by the same midwife to another woman, where the breech presented, and who formerly was used to have tedious labours.

I had told the midwife on the former occasion, that she had lost the child by not sending sooner, and desired she would never call me again in such a manner. This re-

proof had the desired effect, for she sent for me in this case immediately on the waters coming off, and when she was certain that the breech presented.

Finding the *Pelvis* narrow, and that the breech did not advance with the assistance of the strong pains, I brought down the legs; but as the patient did not lie in an advantageous position, as described in Case 1. of this Collection, I caused her to be turned to that posture, and delivered the body and head of the child, as in the two last Cases; but with greater difficulty than any that I ever delivered in that manner; the child being alive.

After the body and arms were brought down by dint of many repeated efforts, I delivered the head; but, in the mean time, imagined it was impossible the child would be alive, as I found the neck was so over-stretched; and if it had not come along at the last effort, I was resolved to have used the assistance of the crotchet.

I stopped in the middle of these efforts, and attempted to extract with the short straight *Forceps*; but the head was above the brim of the *Pelvis*, and the curvature of the *Os Sacrum* prevented their taking a proper hold, so as to be of any service. This was the reason which prompted me to contrive a



longer kind, the blades of which are curved to one side. [*Vide* the Anatomical Tables. Also Collect. 35.]

## C A S E XIV.

The body of a child delivered, and the forehead detained above the *Pubis*.

In the year 1750, I was sent for in a great hurry to a labour, where the midwife had delivered the body and arms of the child; but, after several trials, and the assistance of the pains, could not extract the head.

The fore-head was detained above the *Pubis*. Finding it was not possible to move it backwards towards the *Sacrum*, as she lay in a supine position across the bed, I pulled the body of the *Fætus* downwards, and, at the same time, pressed the chin with the finger of the other hand to the breast: by pulling up and down with both hands, I at last brought the forehead out from below the *Pubis*, and delivered the woman of a dead child, though not without a good deal of force.

I have had several cases, in which the *Nates* presented, and the children, where small, have been delivered safely with the labour pains; especially when the fore-parts of the *Fætus* were to the back parts of the *Uterus*, but commonly with more difficulty when in the above position.

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## C A S E XV.

The breech presented ; a flooding came on after delivery ; and the woman died. In a letter from Mr. ——— dated ——— 1752.

He was called to a woman that had miscarried two years before, and since that had been subject to copious discharges, high coloured and foetid.

The membranes had been three days broke : he found the pains were but inconsiderable, and some waters still drained away during each ; being also high coloured and foetid.

The *Os Uteri* was high up, thick, but little open ; which prevented his knowing the position of the *Fœtus*.

As the pains were faint, the child advanced very little in many hours ; yet she complained as much as if she had been in strong labour ; and the *Os Uteri* was so extremely sensible, that she could not bear the gentlest touch without screaming.

When the pains grew quicker and stronger, she placed herself on her knees, at which time he found the *Nates* presented, and endeavoured to dilate the passage ; but although the pains were vigorous and forcing, the part came no longer, neither could he apply his fingers to the groins, to help the body along.



He then laid her in a supine position; and after introducing his hand into the *Uterus*, with great ease brought down one leg, and finished the delivery.

The child at first shewed small signs of life; but afterwards recovered, and is now alive.

The mother, soon after delivery, was seized with a flooding, which, notwithstanding all he could do, carried her off in an hour.

Although it is difficult to judge of cases at a distance; yet I think, as the patient was not weak, and had strong pains, there was no occasion to force open the parts so soon to bring down the leg: The child is seldom in danger of being lost, before the *Nates* come down to the external parts: for it is safer for the patient to allow them to open the *Os Uteri* slowly, than to endanger its being tore with the hand.

#### C A S E XVI.

The breech presented; in a letter from Mr. Ayer, dated *Boston, Lincolnshire, 1750.*

Sir,

Between eleven and twelve at night, I was called to *E. I.* who was suddenly taken with labour pains when asleep in bed, and they had broke the membranes.

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She had a strong pain when I entered the room; but my coming in gave a check to them till some time after.

When I examined, the *Nates* presented at the lower part of the *Pelvis*, and the pains being strong, I did not attempt to push up the breech, to bring down the legs; I only dilated the *Os externum*, and soon after that, I was able to insinuate a finger into one of the groins; and in a little time, a finger of my other hand into the other groin; by which means, and the assistance of the pains, I drew down the body to the hams, and extracted the legs.

Having wrapped a cloth round the extracted parts, as the face of the child was towards the *Sacrum* of the mother, the delivery was soon finished, only it stuck a little at the head, and the *Placenta* adhered to the back part of the *Uterus*, but came off without much trouble.

The child was a lusty girl; and altho' she did not at first seem alive, yet in a little time after she began to cry.

The patient, after being put in bed, was attacked with violent pains in her hips and body; on which I was again sent for. As the discharges were small, I sent an anodyne mixture, with ʒiv. of *Theriac. Androm.* one half of which gave her immediate ease. [*Vide Collect. XLIII. Case 3.*]



## C A S E XVII.

The woman very weak ; the child's arms presented, with the breech ; written by the same gentleman, in the year 1747, when he attended my lectures, and sent with the foregoing case.

One of the gentlemen, and one of the midwives, that attended my lectures, were sent to one of the poor women, who was taken in labour in the eighth month of pregnancy.

The *Os Uteri* was a little open ; the membranes were forced down with the waters, and broke soon after they arrived ; when finding that the child did not present in the natural way, they immediately sent for me.

On examining, I found the *Os Uteri* thick and rigid ; within it, on the left side, an elbow ; and on the right, one of the *Nates*.

The patient had, some time before that, been much weakened by a quartan ague ; her pulse was low and weak, her body greatly emaciated, and she could scarcely speak, or stand upon her legs.

Being informed that she had taken little nourishment for several days, I sent for, and ordered her to take a little toasted bread and warm wine frequently, to recruit her strength and revive her spirits.

Having sent for my principal midwife, and the rest of my pupils, I desired her to keep  
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the patient quiet in bed, which indeed was only a little straw laid in a cold garret; for at that time we were obliged to smuggle our patients, on account of the barbarity of the church-wardens.

In about four hours after this, the midwife sent for me; the woman was now much recruited by the nourishment she had taken; for besides the bread and wine, she had also got some broth; her pulse was much stronger, and she was able to walk about the room.

After waiting some hours longer, and considering the woman had formerly easy labours, I thought it was a pity to keep her longer in pain, as there seemed little hope of her being delivered without assistance; for, in examining again, I imagined what I took for the elbow was a heel, and the other one of the shoulders.

Having placed the patient on her knees and elbows, according to *Daventer's* method, not indeed of choice, but from necessity, for want of proper accommodation, and having her firmly supported by the female assistants, I gradually dilated the *Os externum*, and, with some difficulty, introduced my hand into the *Vagina*. Then I found with more certainty, that the *Fætus* presented, according to my first opinion, *viz.* the hip at the right side, and the elbow, with the head above it, at the  
other



other side, within the *Os Uteri*. This I tried to stretch open; it was then about the wideness of a crown-piece, and could only receive the ends of the thumb and fingers contracted together, in a conical form; but the orifice felt so thick and rigid, that I could not, by several efforts, dilate so much as to be able to introduce my hand into the *Uterus*. Although the patient bore it with a good deal of patience, yet it fatigued her so much, that I desisted, and was afraid of using greater force.

The assistants seemed much surprized when I ordered the woman to be again laid down on her side, and did not attempt any more to deliver the child; but they were all satisfied when I told them the danger of tearing the *Uterus*, and of the woman's dying in the operation, from her great weakness; and that as there was no flooding, it was much safer to continue giving her nourishing food; for although the child presented wrong, yet when her strength was recruited, the pains would come on stronger, by which some of the parts would be forced down, and gradually dilate the *Os Uteri*.

I also observed, that if the labour ended as I had foretold, it would be of greater use to them than to have seen me run too great a risque of the woman's life, and after all be foiled in the delivery.

As her pains were weak, and at long intervals, I gave her a grain of opium to carry them off, and procure rest, desiring one of the midwives left with the patient, to give her a little broth frequently, and to send for me and the rest of the pupils when the pains came on, and when she found the *Os Uteri* more open.

When we left the patient, it was eleven at night, and we were all called early next morning. By that time three of the gentlemen reached the place, the breech came down of a sudden, and one of the pupils delivered the body and head with great ease, as the child was small.

When the rest of the pupils arrived with me, we were informed, that the woman had been visited with pains every now and then, and slept betwixt them, so as to be much refreshed; after which slumbers, the pains had suddenly returned with greater vigour, forced down the *Nates*, and opened the *Os Uteri*, which then felt soft and yielding. From the livid appearance of the child's body, and the stripping off of the scarf-skin, it plainly appeared, that it had been dead for many days. The woman recovered, tho' long in a weak condition.



## C A S E XVIII.

A case in which the thighs presented, 1747.

A young woman going with her first child, of a weakly constitution, slender, and of a small size, had taken very little nourishment during the last months of her pregnancy, and had swallowed several purging medicines, from a mistaken notion that she was dropsical. Both her husband and niece, who lived with her, died but a few weeks before she was delivered, misfortunes which sunk her spirits much, and increased her weakness.

The labour was very slow and lingering, on account of her great weakness. The midwife could not discover any part of the child, till several hours after the membranes were broke, and then felt a foot, with a thigh lying a-cross, at the upper part of the *Pelvis*. She immediately signified the danger, upon which account I was sent for. On examining, I found it in the same manner as the midwife had described: her pulse was weak and low, and she lay on her left side, with her breech near the side of the bed.

As she was so feeble, I chose first to try if the body could be brought slowly along in that position. After ordering her a little warm wine, I introduced my right hand, which was anointed with pomatum, slowly  
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into the *Vagina*, during the time of a pain. I found the *Os externum* sufficiently dilated, and brought down by degrees the leg and thigh; but then perceived the child was so large, that it would not be possible to bring it along, unless I could bring down the other leg and thigh also. The thigh I had already brought down, filled up the *Pelvis* in such a manner, that I could not get my hand passed, without using too much violence: I then by degrees, just as the pain was going off, bent the leg to the thigh, and pushed it up into the *Uterus*.

As the woman could not be kept firm in this position, neither could I use so steady and equal a force as to bring down the body, and extract the head, as I could do while she lay supine on her back, I had her placed in that position. She had not any flooding, except some little shews, as they are termed by the midwives; these are only a few streaks of blood, which frequently proceed from stretching the *Os internum*. I again introduced my hand into the *Vagina*, then passed it along at the side of the *Pelvis*, through the *Os internum*, up into the *Uterus*, and within the membranes. I kept my hand there a little to discover the position of the child exactly, which lay with its left buttock, thigh and leg, over the brim of the *Pelvis*, its belly towards the mother's, the right buttock to the woman's  
right



right side, and the shoulders up to the *Fundus Uteri*, with its head turned downwards to the left side. I had introduced my left hand, which luckily answered best in this position. I then raised up the buttocks, and turned the belly more to the right side, which brought my hand easier to the right thigh and leg of the child, which were extended up along the belly and breast. I laid hold of the leg, and folded it down along the thigh to the buttock; then brought it and the other leg into the *Vagina*. The knees and thighs followed; but the child being large, and the woman small, although the *Pelvis* was well shaped, according to her size, the breech and body of the child came along with great difficulty.

I began to turn the belly of the child to the mother's back, before the breech was brought through the *Os externum*: when the breech was turned to the *Os Pubis* of the mother, I gave it a quarter turn more, till its *Os Sacrum* was to the right *Os Ischium*, that this might turn the child's face, that lay to the right side of the *Uterus*, to the back part. I then turned its *Os Sacrum* back to her *Os Pubis*, and brought along the body, and the arms, and delivered the head as directed in the Treatise, but not without a good deal of force. The child was alive, which I scarcely expected; the mother was so weak, that

that she could give little assistance to help along the *Placenta*, but it was at last separated slowly, and safely delivered ; she luckily had no large discharge from the *Uterus*, but was in a very low faintish condition for several hours. The only thing that could be done now, was to give her a little warm wine and water frequently, and sometimes a little weak caudle, to nourish and strengthen her weak body. I ordered her belly to be kept moderately pressed with an assistant's hand, till a bandage could be safely applied. She was so weak, that I thought it was better to go on in giving her nothing more than a little nourishment, especially as it stayed on her stomach. For some weeks before, she had thrown up most of her food, and could scarcely retain as much as to keep her alive : however, I ordered the following medicine ; but only to be used, if she should be taken with violent pains, or restlessness.

R. *Sperm. Ceti. Theriac. Androm. ā ʒi. Syr. Croci q. s. ut f. Bolus sumend. cum haust. sequent. et rep. quarta quaq. hora, vel ut opus fuerit ad duas vices.*

R. *Aqu. Cinnam. Simp. ʒiʒ. aq. Alexiter. Spirit. cum Aceto Syr. e Meconio. ā ʒij.*

The next day I found her much better: she had got some rest; and the discharges were moderate, although she had not taken the medicines.



## COLLECTION XXXIII.

[*Vide* Vol. I. Book 3. Chap. 4. Sect. 3.]

Of preternatural cases ; the membranes not broke, or the waters not all discharged ; also cases of floodings and convulsions, in which it was absolutely necessary to deliver.

## NUMBER I.

Women in labour, and the children in a wrong position.

## CASE I.

In the year 1731, I was called in the night to a young woman, who lived at some distance in the country ; and was told by the messenger, that she was in the utmost danger from a violent cholic.

After my arrival, while the mother was telling me about her daughter's illness, I observed the cholic pains returned periodically, and seemed more like labour than the alleged complaint.

She was then in bed, lying on her side, and her back towards the place where I was seated. On pretence of examining her stomach, I felt the lower part of the *Abdomen* of a round globular figure ; and below the integuments the *Uterus* firm and tense, above the *Pubis*,

and betwixt that and the *Umbilicus* : then I examined the *Vagina* in time of that pain, and found the membranes forced down with the waters to the lower part thereof. When the pain abated, I felt the shoulder and arm of the *Fætus*, within the relaxed membranes.

Without saying any thing to the patient, I desired to speak with her mother and aunt in another room ; and as this was an ante-nuptial affair, I told them the case ; and desired they might hold their tongues at present ; for, if they acted otherwise, it might endanger the patient's life.

Having desired the patient to move her breech near the side of the bed, and slipped a bed-sheet, folded, below her, to sponge up the moisture, I gradually introduced the fingers of my right hand, contracted in a conical form, through the *Os externum*, which was largely dilated by the membranes, during the interval of the pains. As one of these returned, I pushed my hand into the *Vagina*, and against the tense membranes, to break through them, so as to get within them to the body of the *Fætus* ; but they being rigid, my hand slipped through the *Os Uteri*, and up into the womb, on the outside of the membranes ; then grasping them with my fingers, they burst asunder.

As I had now introduced my hand within the membranes, I found the child floating



in a large quantity of waters, which were kept up so as that not one drop could pass, my arm plugging up the passage. I now found the head was detained by the navel-string's surrounding the neck: this I disengaged, and by a little push at the head, it swam up to the *Fundus Uteri*; then the *Nates* coming down, I took hold of the legs, and brought them without the external parts: the child being small, was easily delivered with the *Placenta*.

The child was alive, but died soon after. According to the patient's reckoning, she was only entered into the seventh month of her pregnancy. • Had I known this circumstance at first, there would have been no occasion to do any thing but perforate the membranes; for, as the passages were so largely open, and the child so small, it would have been soon delivered in any position, with the labour-pains; but as my hand was up in the *Uterus*, it was then better to deliver as above.

This case was of great use to me afterwards; as I discovered by it, that the waters are prevented from coming down by the arm's plugging up the passage, if the membranes are not broke before the hand is introduced into the *Uterus*; and this is a favourable circumstance, when the child is large, and in a wrong position; for, when the membranes are broke, and the waters  
pour

pour all off at once, before the hand can be got up, the *Uterus* contracts so close to the body of the child, that it is then more difficult to effect the delivery.

## C A S E II.

The breech presenting, with the legs lying across before it, and the membranes not broke.

A woman, in the year 1743, bespoke me to attend her, because her two former labours had been difficult, and both children had been lost.

When I was called to her in labour, I found, during a pain, the *Os Uteri* largely open, and within the membranes the feet and *Nates* of the *Fœtus*; but before mentioning this, I inquired of the patient how her former labours were, and if in the natural way: the nurse answered, that they were; but on my saying, that the child came now in a wrong position, she acknowledged that both the former children came by the feet, and were delivered by different midwives, who were obliged to use a great deal of force, and each a long time before the heads could be delivered; but this circumstance had been kept a secret from the patient, to prevent any gentleman's being called.



Examining after this information, and not finding any signs of a distorted *Pelvis*, I imagined that the loss of the children might have proceeded from the heads of both obstructing the circulation in the navel-strings. Being in hope of succeeding better, I had the patient laid in bed, in an advantageous position, for the more speedy assistance, if the delivery should prove tedious; *viz.* supine, across the bed, and her legs supported by two of my pupils, who were allowed to be present as a recompence for my trouble.

The pains being strong, the waters had by this time forced down the membranes through the *Os externum*, into which I easily introduced my hand, broke the membranes, and brought down the legs and body of the child; but as it stuck at the shoulders, I was obliged to bring down one of the arms, and after that another: I then felt that the difficulty of delivering the head was from the child's being large, and the patient and *Pelvis* small.

As I still felt a pulsation in the *Funis*, I had, all along, and at the different efforts, used great caution to prevent overstraining the neck; but after many unsuccessful attempts to deliver in time of the pains, and the pulsation of the *Funis* growing languid, as well as the woman's efforts, I was obliged to increase the force, as in cases of the last collection,

collection. I had the long curved Forceps ready; but as I had delivered children with more force, and alive, I tried one effort more, by which the head was delivered. At that instant I was sorry to find the neck overstrained, and reflected, that this might have been prevented with the above instrument. The child, when delivered, seemed alive, and by using the common method to resist respiration, it gasped three or four times, and expired.

Besides my being sorry that I did not try the Forceps, before this last effort to deliver, I also reflected, that as there was a large quantity of waters surrounding the child, that the membranes were not broke, the parts largely open, the woman and pains strong, and that her children had been lost from the difficulty of delivering the head; these circumstances considered, it would have been better practice, as directed in Collect. XVI. No. 6. Cases 4, 7, and 8. to have introduced my hand into the *Uterus*, broke the membranes, and brought down the head to present; by which means it would have been squeezed down in a lengthened form through the small *Pelvis*, and the child would have had a better chance of coming with more life into the world; but I own I did not think of this method till it was too late, and the body



was brought down. [Vide Collect. XXXIV. No. 1. Case 7.]

## C A S E III.

The membranes broke, the arm in the *Vagina*, and the shoulder filling up the *Os Uteri*, in such a manner as kept up, the greatest part of the waters.

Being called to a woman in labour, in the year 1737, the midwife told me, that the labour had gone on in the common way, by the membranes being forced down, and opening the internal parts; but in place of the head, she found something like a hand or foot within them; on which account she had recourse to my assistance, as soon as she perceived the wrong position of the child.

Some time before I arrived, the membranes broke. On examining, I found the hand and fore arm forced down without the *Os externum*; and being informed that a large quantity of waters had been discharged from the *Uterus*, I expected it would require much force to turn, and deliver, by bringing down the legs of the child.

Having prepared every thing necessary to prevent hurry and confusion in time of the operation, and having also put the patient in a supine position, as directed in Collect. XXV. No. 1. Case 1, I took hold of the child's hand, which

which was the right, with my left hand, and introduced my right in a flattish form, up betwixt the *Sacrum* and the child's arm, where I found the shoulder closely engaged in the *Os Uteri*, which prevented all the waters from coming off; for, pushing up the arm and shoulder, they, with my hand, slipped with ease into the *Uterus*.

Finding that my arm filled up the *Vagina*, so as to prevent the remaining waters from coming down, I with my hand examined the position of the *Fætus*, and found the head low down at the left side of the *Uterus*, the *Nates* to the right, at the *Fundus*, with the legs folded up at that side. As there was a large quantity of waters still remaining, I raised the head to the *Fundus Uteri*, and brought down the legs with much greater ease than I at first expected; and the child not being large, was safely delivered.

#### C A S E IV.

The breech presenting, introduced a hand to turn the child; and the membranes broke.

Being called in the year 1744, to a patient in labour of her first child, I examined in time of a pain, and found the *Os Uteri* was open about the breadth of a shilling, the membranes and waters were forced down,  
and



and gradually dilating the parts; but not being certain as to the presentation of the child, I desired a midwife, whom I left in waiting, to send for me when she found the labour farther advanced.

The woman being impatient, I was again called in about two hours; when I found no great alteration, - only the *Os Uteri* felt a little softer and not so thick: as the pain abated, I likewise felt some part of the child; but feared it was not the *Vertex*, as it had not the large round hardness of that part, being rather softer and more unequal.

I mentioned nothing of this; but encouraged the patient, and allowed the labour to go on slowly, by which means the *Os Uteri* was gradually dilated; and at last I plainly perceived that the face presented.

In order to prevent reflections, if the child should have been lost in the delivery, I privately, without the patient's knowledge, told her friends the wrong presentation; and on pretence that a supine position would assist the delivery, I had her conveniently laid in that attitude, so that I could assist with advantage in case the waters should be discharged of a sudden.

By this time, the membranes had fully stretched the *Os Uteri*, and begun to dilate the *Vagina*; but being afraid they would break  
before

before they could sufficiently open the *Os externum*, I gradually assisted every pain with two fingers in the *Vagina*, to make room to introduce my hand, either to be ready, in case the membranes should break, to bring the head of the *Fœtus* into the natural position, if the *Pelvis* was narrow and the head large; or if not, to turn and deliver by the legs.

When the parts were sufficiently dilated so as to admit my hand, I easily introduced it into the *Vagina*, on which the membranes broke, and some of the waters came off; then I pushed up the head, insinuated my hand into the *Uterus*, and my arm filling up the *Vagina* and *Os externum*, prevented any more from coming down.

The fore-parts of the child were to the right side of the *Uterus*: the *Pelvis* was not narrow, nor was the child uncommonly large; and there being still a large quantity of water, I with great ease and safety brought the legs, and delivered the child.

#### C A S E V.

The child dead; the *Abdomen* tumefied, and inflated so as to be lighter than the contained waters, through which no part of the *Fœtus* could be felt.

In the year 1744, one of the poor women where the pupils attended, fell in labour  
in



in the eighth month of pregnancy, about ten days after she had been severely beaten; she had been in a lingering way for two days.

As the midwives and gentlemen could not feel any part of the child present, they suspected it would be a preternatural case, and sent for me. On examining, I found the *Os Uteri* largely open, and in time of a strong pain, the waters forcing down the membranes into the *Vagina*; but when the pain abated, and the tense membranes relaxed, no part of the *Fætus* could be felt. I then observed, as this was the woman's first child, it was still proper to have patience, and allow the membranes to stretch the *Vagina*, and external parts.

Having ordered the patient to be laid in a convenient posture, as in the former case, to be ready to deliver in case the *Fætus* should be in a wrong position, I waited until I found the membranes were forced through the *Os externum*, and had sufficiently dilated the same; but finding them still rigid, the woman weak from want of nourishment, and considering the length of the labour before we were called, I thought it was proper to begin, and, if possible, to prevent the loss of all the waters, in case the child was in a wrong position.

As a pain abated, and the membranes were relaxed, I introduced my hand into the *Vagina*; but feeling no part of the child, I concluded

cluded it lay across the *Uterus*, with the back, side, or belly downwards.

In this opinion I forced my hand up into the *Uterus*, on the outside of the membranes; which giving way, I insinuated my hand within them, and was surprised to find the whole body of the *Fætus* close up at the *Fundus Uteri*, and a large quantity of waters below, which were kept from coming off, by my arm plugging up the *Vagina*: I also felt the head lower than any other part of the child: the cause of this position I did not know till after delivery.

Having searched for the feet, and brought them with the legs without the *Os externum*, I wrapped a cloth round them, and turned the fore-parts of the child backwards; but after several attempts, I could not deliver the body. Examining the legs, and finding by the *Cuticula's* being livid, and stripping off, that the child was certainly dead, and that the obstruction proceeded from the inflation of the *Abdomen*, I resolved to open it with the scissars, or the more certain method of the crotchet; but on making another trial, and with a good deal of force, the expanded belly came out all of a sudden, and as the child was small, the shoulders and head were easily delivered.

If the membranes had broke, and the waters come off in time of the labour, the head



of the child would have presented to the birth. I have had a few cases of the same kind, where I could not feel any part of the child before the membranes were broke, and I could not account for this circumstance before I attended this woman; but I have since observed where no part could be felt when the waters were come down with the membranes, and the passage was largely opened, and the head presented after the waters were in part, or wholly discharged, that the child had been dead some time; and from the inflation of the *Abdomen*, was specifically lighter than the waters, especially when there is a large quantity kept at the upper-part of the *Uterus*; but if there is a small quantity, the head will be felt before they are discharged.

Cases also happen, when no part can be felt before, and sometimes even after the membranes are broke in pendulous bellies, and also when the child lies across in the *Uterus*.

## N U M B E R II.

Children delivered in the four last months of pregnancy, from violent floodings.

### C A S E I. *Recovered*

*accidental*

Of a woman in the sixth month of her first child: part of the *Placenta* left in the *Uterus*.

In the year 1732, I was sent for to a woman, who was attacked with an *Hæmorrhage* from

from the *Uterus* in the sixth month of pregnancy, occasioned by a fall from a horse; she complained much of pain in her left side, on which she fell, and said, her belly seemed as overstrained, from the violence of the shock.

She was brought home, blooded, and put to bed before I arrived at the place. The parts affected were also fomented and imbrocated with a mixture of oil, spirits, and vinegar.

The discharge at first was but small: she had no pains that indicated a miscarriage coming on; and her pulse was regular. I ordered barley-water acidulated with *Sp. Vitrioli* for her drink; directing her to be kept quiet, that she might get as much natural rest and sleep as possible.

Next morning, finding that she complained more of the bruised parts; that the discharge still continued; and that the fear of this, and the fright from the fall, had prevented sleep; she was again blooded, upon which the above complaints were abated; and she being costive, was also much relieved by an emollient glyster.

In the evening, several small clots of blood were discharged, with slight strainings, and the hæmorrhage returned with greater violence than before. The bleeding at the arm  
was



was repeated, and a paregoric draught given her, in which were twenty-five drops of *Sydenham's Liq. Laud.* by which means the discharge again abated, and she slept pretty well all night.

The complaints from the fall were now much better; but she being much dejected on account of the danger of miscarrying, I endeavoured to soothe and assuage her fears. I desired her to keep chiefly in bed; to continue drinking barley-water acidulated; to live mostly on weak broths and panada; and to abstain from fermented liquids, and every thing that was not of easy digestion.

Nevertheless, for several days a bloody serum was continually draining; and every now and then some coagula came off with strainings; which brought on a fresh hæmorrhage that soon abated.

About eight days after she had received the fall, I was sent for in great haste at six in the morning, and was informed, that the discharge of a large coagulum of blood was followed by a violent flooding, which still continued.

I found her pulse low, her countenance pale, and she was so faint that she could scarcely speak.

I had all along told her friends, the great danger to which she would be exposed, if the flood-

flooding should return and increase, before labour came on.

Although she had already lost a large quantity of blood, yet it was by intervals; and there had been time between the discharge to recruit her strength by the above-mentioned light nourishing diet. I now found the discharge rather increased; that there was little probability of restraining it so as that she might proceed in her pregnancy; and I was afraid if I delayed attempting the delivery longer, she might soon be in imminent danger of her life.

At this period of my practice, I did not know, that applying styptics in the *Vagina*, and filling it up with dossils of lint, would sometimes restrain the flooding, and assist to bring on labour: neither did I know, that the breaking of the membranes, to allow the discharge of the waters, was of use to restrain the floodings, by allowing the *Uterus* to contract close to the contained embryo, or *Fætus*. *Vide Collect. XXV. No. 2. Case 2. and 7. also Collect. XXV. No. 1. Case 3.*

Having signified to the friends the danger that the patient was in, I desired the husband to call another gentleman of the profession, who came accordingly.

After being informed of every circumstance about the patient, he was of the same opi-



nion, and thought it absolutely necessary to deliver her as soon as possible.

Having encouraged the woman, I had her laid in a firm position, as described in Collect. XXV. No. 1. Case 1. and 4. expecting, as it was her first child, it would require a good deal of force, and cost the patient much pain, before the parts would be sufficiently dilated, so as to admit my hand into the *Uterus*.

Having laid several doubles of a sheet, below the patient, and being seated properly, I began gradually to stretch the *Os externum*.

Having made room for my fingers, which were contracted together in a conical form, I continued moving them slowly in a semicircular manner, and by intervals, till at last I introduced my hand through it into the *Vagina*. During these and the following efforts, the patient was told, and imagined it was her labour coming on; by which deception she bore the pain with great fortitude.

I now found the *Os Uteri*, only so much open as to receive my fore-finger, by turning which from side to side, it yielded so as to receive the middle, and by repeated efforts, was at last so much dilated, as to enable me to introduce all the fingers of that hand: yet after several trials, I could not make a larger opening, and my fingers being much cramped, I was obliged to withdraw that hand which

was the right, and try to dilate with the fingers of the other; which were also ineffectual, so that I thought proper to desist.

The patient having undergone much fatigue, we ordered her ten drops of *Liq. Laudanum* in a cup of burnt red wine, and applied cloths dipt in vinegar to the external parts, and over the *Abdomen*. Happily for the woman, we found that the flooding was again diminished, and agreed that supporting her as before with nourishing fluids to supply the loss of blood, was the only method by which we could hope to carry her on, and keep her alive until the parts should grow more soft and yielding, or the labour become more vigorous.

About nine or ten at night, the flooding returned, but was soon restrained by giving a draught with fifteen drops of *Liq. Laud.* She continued in this way for three days, the flooding returning four or five times, and abating on repeating the draught.

At the end of this period, she was again attacked with another violent discharge, which did not abate as formerly. Finding the *Os Uteri* softer, and to appearance more yielding, I made a second trial, and at last with some difficulty dilated so effectually as to introduce my hand into the *Uterus*, then breaking the membranes, I found a larger quantity of wa-



ters than could have been expected, considering the smallness of the child.

To prevent the weak patient's fainting, from the sudden emptying of the *Uterus*, I desired one of the assistants to press on her belly with both hands, and after I got hold of the feet of the child, I slowly brought down my arm which had kept up the waters, that they might be discharged by degrees, and at the same time desired the assistant to press a little more. The child being small was easily delivered; it came into the world alive, but died in a few hours after its birth.

As the *Placenta* did not follow by pulling gently at the *Funis*, I again introduced my hand, and found it at the back part of the *Uterus*, the inferior part of it adhering firmly, and feeling like a schirrous substance: I therefore did not venture to separate it for fear of tearing the inner substance of the *Uterus*; but only brought down that part that was already separated; for, some time before this, I had a patient who I imagined was lost by using too great force to separate the *Placenta* in the seventh month.

Altho' the violent discharge was much abated after delivery, yet the patient seemed to be in great danger from repeated faintings, her pale countenance and low pulse: for these reasons I prescribed five drops of *Liq. Laudanum*

*danum* in a little burnt claret, applied a cloth dipped in vinegar on the *Abdomen* with a long towel pinned round her body. We were obliged to keep her lying on her back, with her head and shoulders in a low position, for at least two hours before we durst venture to place her right in bed; giving her every now and then some broth out of a tea-pot, and likewise some more of the red wine: we also repeated the same doses of *Liq. Laudanum* a second and third time, in consequence of which, she at last fell into little dosing slumbers, and at last recovered from the most imminent danger.

She continued in a weak condition for many days: that part of the *Placenta* which was left behind, communicated a disagreeable and mortified smell to the discharges, and did not separate and come off before the fifth or sixth day after delivery.

I have been the more particular in describing every circumstance of this case, to shew young practitioners the difficulty and uncertainty of managing flooding cases, especially in the last four months of pregnancy; for they frequently stagger the judgment of the most experienced practitioners.



*Accidental* CASE II. *Recovered*

A woman attacked with a flooding in the seventh month of pregnancy: the *Os Uteri* tore in the delivery.

In the year 1742, I was called by a midwife to one of her women, who had been attacked with a flooding for several days, and was then only in the seventh month of *Uterine* gestation.

The midwife told me, that the patient had been blooded, and every thing done to restrain the discharge; but now it was increased to that degree, that it had run through the bed; that she had undergone frequent faintings, every one of which it was feared would be her last: the midwife also informed me, that she had something like labour pains every now and then.

The woman's pulse was low, her countenance pale, and indeed like one ready to expire: on examining, I found the *Os Uteri* open near the breadth of half a crown, and the breech and feet of the *Fœtus* presenting.

I gave the patient five drops of *Laud. Liq.* in a little red wine, and repeated the same every five minutes for three times; not daring to give more at a time, on account of her weak condition, as the flooding still continued. When she seemed to have a little  
straining

straining I tried to bring on a pain, by stretching the *Os Uteri* with one of my fingers; this forced the membranes and waters down so strongly, that I broke them; but finding, after waiting some time, that this had not the desired effect, to restrain the flooding so much as I expected, I repeated the *Laudanum*.

As the woman continued to have frequent faintings and cold sweats, I told the friends that there was little hope of life, even if she were delivered, and gave my opinion that perhaps she would expire in the attempt; but as they begged that I would try, and as it seemed the only method, and the last resource to save her from death, I stretched the parts gradually, and delivered the *Fætus*; but as it was her first child, it required a good deal of force to dilate the *Os Uteri*, and on introducing my hand through it, I felt it give way, and tear on the left side.

The child was alive, and lived till next day: the *Placenta* followed the delivery.

The patient fell into a kind of dosing, and recovered contrary to expectation, considering the low condition she was in at the delivery.

The laceration of the *Os Uteri* gave me a deal of concern. I had been formerly employed in a case, where the woman was not



so weak, and by using great force, in order to save both mother and child, the *Os Uteri* was tore; the woman died soon after, from loss of blood as I then imagined, proceeding from the torn vessels of the *Uterus*. *Vide* Case ix. of this collection.

UNAROUNDABLE  
ARTIFICIAL DELIVERY  
NATURAL DELIVERY  
BY THE FORCE OF  
THE PLACENTA

Exhaustion  
from delay  
brother dead. Child dead

CASE III.

A violent *Hæmorrhage* in the eighth month of pregnancy; the *Placenta* presenting at the *Os Uteri*, and neglected by an eminent doctor.

In the year 1746, a midwife sent for me on *Sunday*, about one in the morning, to a woman who was excessively weak and low, from a violent flooding. She had formerly been delivered by a gentleman of several children.

The midwife at first informed me, that she had been but lately called; that the patient had lost a great deal of blood, and was in the utmost danger from frequent faintings.

The woman's pulse was so low, that I could with difficulty feel its motion; a cold dampness overspread the face and extremities, and she could scarcely speak. On examining, I found the mouth of the womb largely open, the *Placenta* lying over it, and the *Vagina* filled with coagulated blood.

I enquired of the husband, why he did not send sooner for assistance; but he made a frivolous excuse, about the person's being engaged who was to have laid his wife; being afraid, as I found afterwards, that if he had told me the truth, I would have refused my assistance until the other gentleman should be called again: mean while, he begged for God's sake, I would do all in my power to save his wife. I told him the case was dangerous, and so much time already lost, that a speedy delivery was the only method left; though I was much afraid that she would expire in the operation.

All present were convinced of the danger: I was moreover informed, that the patient had a small degree of flooding for several days; but that evening it had increased with greater violence, and was attended with some labour pains, which last had left her for more than two hours.

There being no broth ready, I ordered an egg to be beat up with warm water, seasoned with a little salt, to which was added some red wine: a little of this was given immediately. In the mean time, I prepared every thing for the delivery, and desired the midwife to move the patient nearer the side of the bed, with her back towards it. During this alteration, she again fainted; and indeed



deed every one present imagined she would not recover from the swoon.

When recovered a little, she, in a low tone, begged earnestly to be delivered, her strength being somewhat recruited. I introduced my hand into the *Vagina*, and tried to reach the membranes, in order to break them; but the *Placenta* was over the mouth of the womb. I being afraid of tearing the after-burden, slipped my hand, flattened, through the *Os Uteri*, and betwixt that and the *Placenta*, until I reached the membranes, which I broke through, by grasping them with my fingers; then taking hold of the legs of the *Fætus*, which were at the *Fundus Uteri*, I brought them down slowly into the *Vagina*.

The midwife was seated on the opposite side of the bed, on purpose to press with both her hands on the *Abdomen*, to prevent, as much as possible, the patient's fainting away, from the too sudden evacuation of the *Uterus*. As there was a large quantity of water still detained, I desired that the pressure might be increased, when I withdrew my hand; and although the head was at first downwards, it easily turned up to the *Fundus*, when I brought down the legs.

Finding the patient bore the operation without fainting, I removed the wet cloths above, and applied dry ones to the external parts:

parts: I ordered some more of the egg caudle and wine to be given; and then with great ease delivered the child, which was dead. The *Secundines* followed, being forced out by the weak effort of the woman, along with a large quantity of coagulated blood.

When I introduced my right hand into the *Uterus*, to deliver the child, I passed the edge of the *Placenta*, at the patient's left groin, and found it adhering to the back part and right side of the under-part of the *Uterus*: this was an advantage, in consequence of which I got sooner to the membranes. That part of the *Placenta*, which was detached, and over the *Os Uteri*, was of a dark livid colour; the other, that adhered to the *Uterus*, was fresh and well coloured.

After delivery the flooding abated, and to appearance the patient seemed a little recruited, and lay pretty quiet for some time; but in about an hour after, she began to have a difficulty of respiration, which gradually increased, with rattling in the throat; at last she fell into faintings and convulsions, which soon closed the dismal scene, by putting a period to her life.

The midwife, who was an old practitioner, and in good repute, told me, that the gentleman who formerly attended the patient in all her labours, had been called some days before



before, and ordered what he thought proper in such circumstances; but the complaint increasing, and he being otherwise engaged, the midwife was sent for at his desire, on *Friday* night, when she found the patient had a small degree of flooding, which increased and diminished by intervals; but as she found nothing like labour beginning, she desired the patient might still continue to take what was prescribed by her physician. She was again called next evening, when she found something like labour pains, the mouth of the womb a little open, and some soft substance like the *Placenta* presenting. On this the doctor being again sent for, declared what presented was only a large coagulum of blood; and went away, after ordering some other medicines.

As the flooding continued to gain ground, the husband went for the doctor about ten at night, but did not find him at home. The *Hæmorrhage* increasing, and the woman appearing to be in imminent danger, he went again about twelve, and found the doctor in bed, who said, he could not go with him, because he expected to be called every minute to another patient, to whom he had been previously engaged. In a word, he could not be prevailed upon by all the intreaties the gentleman could make; so that, immediately

ately on the husband's return, I had received a call.

After this information, the midwife proceeded with bitter exclamation, inveighing against the doctor for abandoning the woman, and leaving her in extremity, as he had done frequently in other dangerous cases.

I have mentioned these circumstances as a warning to other female practitioners, and recommend their being in friendship with gentlemen of the same profession, who may be ready to assist in such dangerous cases, when they are otherwise engaged, both from motives of humanity, and a regard for their own character. I understood afterwards, that the above gentleman thought himself above being in friendly correspondence with midwives, from too much self-sufficiency. In a little time after this occasion, he was, for neglecting a patient in the same circumstances, exposed, sued, and cast in a considerable sum of money.

*accidental* C A S E IV. *Fatal. Membran ruptured*

A woman seized with a flooding in time of labour; the arm and shoulder presented, detained some of the waters, after the membranes were broke. *presented*

A midwife sent for me to a woman near *Westminster* abbey, in the year 1741. She told



told me, her patient was attacked in the beginning of labour with a discharge of blood, which was not violent at first: but as she found it increase, she desired my assistance. Before my arrival, the membranes had given way, and one of the child's arms come down into the birth. I understood the flooding had diminished, and that now there was but very little blood on the cloths.

On examining all the cloths, I found there had been a good deal of blood lost; nevertheless, although the woman's pulse was low, yet she did not seem so weak as I expected. Indeed, before I examined the case, I ordered her to take some wine with her caudle, to strengthen and recruit her spirits.

On trial, I found the arm lying double in the *Vagina*, and the shoulder pressed in at the upper part. Being afraid, if I delayed the delivery, it would be more difficult to turn the child, I caused the patient, as she already lay in a supine position, to be brought down to the foot of the bed; the weather being cold, and that part nearest the fireplace.

I ordered two assistants to support her legs; and, as it was not her first child, I easily introduced my hand into the *Vagina*. There being a small quantity of waters retained in the *Uterus*, from the shoulder's plugging up  
the

the *Os Uteri*, I with great ease pushed up the arm and shoulder into the *Uterus*, raised them up to the *Fundus*, brought down the legs, and delivered the child, which was but small; the *Placenta* followed without any assistance.

While I was employed in dividing the *Funis* of the child, which was alive, one of the assistants told me that the woman was fainting away. I immediately gave her the child, and pressed on the *Abdomen* of the patient with both my hands, having forgot that precaution in time of the delivery; but instead of recovering from the fainting, she was immediately thrown into convulsions, and died instantly. Besides the pressure on the *Abdomen* every method of stimulating was tried to prevent the fatal catastrophe, as volatile salts, spirits, and burnt feathers held to the nose, to quicken respiration, also frictions of the temples, arms, and legs.

I reflected afterwards, that the fainting did not proceed from any new evacuation of blood after the delivery, as there was very little on the cloths, but from the neglect of the pressure. As the flooding had stopped after the membranes broke, it perhaps had been safer to delay the delivery till the patient recovered more strength, or at least until the pains returned, which were gone off on the discharge of the waters; for the shoulder of  
the



the *Fætus* would have kept up the remaining waters, until those efforts returned.

*Unavoidable* CASE V. *Partial Placental*  
*offspring* A woman in labour attacked with a flooding,  
*Recovered* the membranes not broke.

*Extra said* In the year 1748, a woman near Temple-  
*Bar* bar, of a very weak habit of body, having  
*been under* been under great affliction for the loss of her  
*husband* husband, was suddenly taken with a violent  
*Hæmorrhage* *Hæmorrhage*, upon which, a gentleman, who  
 had been bespoke to lay her, was sent for  
 about four in the morning; but he being  
 otherwise engaged, I was called about seven,  
 and desired, by an acquaintance that came  
 for me, to make all possible haste to prevent  
 the woman's being lost for want of proper  
 assistance.

In this emergency a midwife had been also  
 called, who told me, that the patient had  
 some slight pains, and had not lost much  
 blood; in which assertion she was contra-  
 dicted by the attendants, as well as by the  
 woman herself: they desired me to examine  
 the cloths, where, indeed, I found a large  
 quantity; and was informed, that the mid-  
 wife made flight of the affair, to prevent  
 another being called.

As I found the patient's pulse very low  
 and her countenance pale, I told the friends

the danger, and desired them to send again to the other gentleman, as he might now be disengaged : but this was objected to, as it would take up too much time, especially as he lived at a considerable distance ; they therefore begged I would not delay assisting the woman, who was in so deplorable a condition.

On examining, as the patient lay on her side, I found the *Os Uteri* fully dilated, the membranes, and part of the *Placenta* presenting. I introduced my hand in a conical form into the *Vagina*, intending to break the membranes, that the waters, after being discharged, might allow the *Uterus* to contract to the body of the child, and restrain the flooding ; but the membranes were rigid, and in making an effort to lacerate them, my hand slipped easily through the *Os internum* into the *Uterus*, on the outside of the membranes. After having broke through them, I delivered the child and *Secundines*, as in the former case, but in a slower manner. I ordered one of the assistants to press the *Abdomen* with both hands in time of the operation.

The child was alive, the *Hæmorrhage* abated, and the patient, who bore the delivery with more courage than I expected, seemed at first to be in a good way ; but having lost more blood than her weak condition could well



bear, in a little time her pulse became low and creeping, and her extremities grew cold. I then ordered warm bottles of water, wrapped in flannel, to be applied to her feet, legs, hands and arms, and supplied her frequently with chicken broth, which was then ready; I also prescribed a cordial mixture with *Confect. Cardiac.* a spoonful of which was to be given from time to time.

In consequence of these precautions, she enjoyed short, yet interrupted slumbers, and recovered, contrary to my expectation; but was several weeks so low, that she could not sit up. In about six weeks after, she was carried to the country, and recovered her strength by drinking asses milk.

UNAVOIDABLE  
A Mother  
Recovered  
Child soon  
artificial  
Delivery  
Hand Laying  
by case  
Placental

CASE VI. *Partial Placental*

A woman attacked with violent flooding in time of labour; the *Funis* fallen down before the head of the child; and the membranes not broke.

In the year 1752, I was called in the evening to a patient in labour, by whom my attendance had been bespoke. I found the *Os Uteri* rigid, and open about the breadth of half a crown. This trial being made in time of a pain, I waited till it went off, and the membranes being relaxed, I felt the head of the *Fætus* within them, resting above the *Ossa Pubis*;

*Pubis*; but between that and the membranes I felt something like the *Funis Umbilicalis*, lying backwards towards the *Sacrum*, in two or three doubles. As she had not had a stool for two days, one was procured by administering an emollient clyster.

Having waited till about ten at night, and finding the pains were but weak and seldom, I sent for Mrs. *Maddocks*, a midwife, whom I kept on purpose to attend my patients in lingering cases, and desired her to put the woman to bed, in hope she would obtain some sleep; but enjoined her to send for me when the pains grew stronger, and before the membranes broke.

About six in the morning, I was called in a great hurry, and not a little surpris'd when I came into the room to find the patient pale and fainting, the friends surrounding the bed all in tears, begging my assistance to save the woman's life.

The midwife I left told me, the patient had slept a good deal till about five, and had only waked now and then with the pains; that there had been some shews, or a very small appearance of blood on the cloths; but that all of a sudden she was attacked with a flooding in time of making water, which had almost filled the pot, and that it still continued to pour from her in a large quantity.



On examining the cloth that had been applied to the parts, when the fainting began, I found very little blood; the hæmorrhage having been restrained in time of the deliquium. The patient recovering, and taking a little wine and water, I felt the *Os Uteri* largely open, the membranes pushed farther down, and part of the edge, or side of the *Placenta*, at the left side of the *Os Uteri*; I also with more certainty distinguished the *Funis* on the inside of the membranes, and the head in the same position resting above the *Pubis*.

This case being uncommon, I was uncertain at first how to proceed; but at last, considering with myself, if I broke the membranes to evacuate the contained waters so as to allow the *Uterus* to contract, and restrain the flooding, the *Fætus* would be lost by the pressure of the head against the *Funis* in time of delivery, I resolved, in order to prevent this misfortune, to turn the child, and bring it along in the preternatural way, which would give a better chance to restrain the one, and save the other, if the operation could be performed in a slow cautious manner.

As there was no broth ready, I ordered the whites of two eggs to be beaten up with a pint of warm water seasoned with salt; this to be given the patient from time to time  
with

with a little wine, to replenish the emptied vessels.

Having assigned to the midwife and the other assistants their proper stations, and prepared every thing necessary, I examined in time of a pain, which forced out some coagula of blood from the *Vagina*, with a fresh discharge. As the patient lay on her left side, I kneeled down on a cushion behind, introduced my right hand into the *Vagina*, and as the *Placenta* was at the left side, I turned my hand so as to slide it gently through the *Os Uteri*, and up betwixt the membranes and right side of the *Uterus*.

Having grasped and broke the membranes, I insinuated my hand within them, raised the head to the *Fundus*, and turning the fore-parts of the child to the back-part of the *Uterus*, brought down the legs into the *Vagina*, allowing the waters to come off by degrees. Mean while I desired one of the assistants to press with the palms of her hands on the patient's belly, and increase the pressure as the *Uterus* emptied. The patient endured all this with great fortitude.

Having cleared away the wet cloths, and applied dry ones to the parts, I observed that the flooding was diminished, and rested more than half an hour. In the mean time I directed her to take several times some of



the above caudle. Finding her strength and spirits recruited, I delivered the child, which was small, with great ease, and the *Secundines* followed.

The pressure was continued on the *Abdomen* of the patient, until a long towel was applied round her middle, and secured so as to do the office of a firm bandage.

The child was very weak at first; but recovered. The mother continued in a low condition for many days, being supported with broths and cordials; but was able to get out of bed in three weeks.

*accidental*

#### C A S E VII.

*Recovery*

A woman in labour, attacked with a flooding; the child delivered footling; in the year 1747.

The midwife, when called, was informed by the patient that her pains were but slight, and seldom; but she was much alarmed at some blood that came away every time, as there had been no appearance of any such complaint in her former labours.

When the midwife examined, she found the mouth of the womb a little open; but could not distinguish any part of the child: and the woman being of a weak and delicate constitution, she told the friends the danger she would soon be in, if the discharge increased.

ed. On this information, Dr. *Gordon* being sent for, ordered an anodyne mixture; and as he was obliged to go out of town, desired them to call me, if the flooding did not go off, or strong labour come on.

Soon after this, the patient was taken with violent and frequent reachings, which very much increased the flooding. On this I was immediately sent for; but being called in great hurry from one labour to a second, the messenger could not find me, and went for Doctor *Sands*. In the interim I came home; and being informed of the message, reached the house before he could arrive.

The labour-pains by this time were gone off; the patient's lips and countenance were pale, the pulse had sunk, and she was attacked with frequent singultus. On examination, I found the *Os Uteri* largely dilated, the membranes and waters presenting, and something like the fingers and *Funis Umbilicalis* of the *Fætus* within them.

By this time the flooding was a little abated, on which it was proposed, to send and prevent the other gentleman's coming, as he lived at some distance; but I told them, by no means, as the woman was still in the utmost danger, and it was very proper to have his advice and assistance, both on account of the patient, as well as to prevent reflections, and for the satisfaction of all concerned.



By the time my brother accoucheur arrived, I had given her every now and then a little broth and wine to recruit her sinking spirits ; and when he examined, he told me that he found these parts mentioned above, and likewise the head of the child forwards and resting above the *Ossa Pubis*. This I had not perceived ; for as she lay on her left side, I had only examined with a finger of my right hand, which I could not turn above the *Pubis* ; but on trial with my left, I easily found the head resting above these bones.

After consulting together, and considering every circumstance of the case, he at first proposed, as the flooding was diminished, to give the patient a paregoric draught, and wait with patience for the return of the labour ; but soon after this, and before the medicine arrived, she was attacked with a violent fit of reaching ; which forced down a large coagulum of blood, attended with a return of the flooding, which ran over the bed.

This sudden change altered our former resolution, and we now concluded, that the only method to save the patient's life, was a speedy delivery. Indeed I was of that opinion at first, on account of her weakness, as well as in respect to the safety of the child, as the *Funis* had fallen down before the head.

The

The side of the bed being wet, and at a distance from the fire, I had the patient turned to her back, and moved down to the feet. While two assistants supported her legs, I kneeled down, and with greater ease than I expected, I introduced my hand into the *Uterus*, and delivered the child and *Secundines* much in the same manner as in the former case; having taken almost the same precautions to prevent the patient's fainting away, and sinking under the operation.

There was no appearance of life in the child; yet no part of it was livid; neither the lips nor private parts, a circumstance which plainly shewed, that it had not been long dead.

As the flooding was now stopped, we ordered the patient to take about a tea-cupful of broth every quarter of an hour or oftener to support her, and recruit the loss of so much blood; but not too much at a time, lest her weak stomach should be overcharged, and bring on again the reachings to which she was very subject (as the nurse informed us), even in time of health. We likewise directed her, if she should not get refreshing rest, or if the flooding should return, to swallow the paregoric draught, already prescribed; in which were twenty drops of *Tinct. Thebaic.*

By



# 138 CASES IN MIDWIFERY.

By these precautions and proper attendance, she seemed for eighteen or twenty days to be in a good way of recovery, considering her weak and delicate constitution. *Vide Collect. XLI. No. 5. Case 7.*

## CASE VIII.

*Exhaustion  
Mother died  
Child saved*

A woman in labour, attacked with a violent flooding; the *Placenta* presented; the woman died immediately after delivery.

In the year 1750, one of my patients sent her coachman to me, desiring that I would go to his wife. He informed me that she had been in labour above twenty-four hours; that she had formerly easy labours; but now she was reduced so low by a sudden loss of blood, that he was afraid she would sink before I could reach the house.

On my arrival, the midwife told me, that as soon as labour began, the patient was taken with a small degree of flooding, which had gradually increased as the mouth of the womb opened; but that she had all along found an uncommon substance presenting, and had some hours ago desired the friends to send for a doctor; a proposal to which the woman herself would by no persuasions consent.

She was to all appearance in a dying condition, nearly as described in Case 3. and No. 2. of this Collection.

On

On examining, I found the *Os Uteri* largely open, and the *Placenta* over it; on which I signified to the husband and friends the great danger, declaring I was apprehensive she would expire in time of delivery, and that it was a great pity she would not allow assistance to be called for before it was too late.

Her sister begged that I would deliver the child, as it was now the only chance to save her life; and if she should die, no person could be blamed.

I used all the precautions as in Case 7. but in passing up my hand by the *Placenta* into the *Uterus*, I could not break through the membranes.

I was therefore obliged to withdraw it, and push my fingers through the *Placenta*; then I delivered the child in the preternatural way, on which the flooding stopped; but she was so weak that she expired in a few minutes.

Yet, contrary to my expectation, especially as the *Placenta* presented, and was tore through the middle, the child was alive.

*Accidental* C A S E IX. *Recovered*

A case of flooding; the *Os Uteri* tore; the patient in great danger, after delivery, 1742.

A woman aged about thirty, who had been delivered of several children before, was taken  
with



with a violent discharge of blood from the *Uterus*: she was immediately blooded; opiates and restraining medicines were prescribed.

They restrained the hæmorrhage a little; but it returned with more violence, and to such a degree, that when called again, I expected she would expire every moment.

The midwife informed me, that something like labour was begun; on which I examined, and found the *Os Uteri* open about the circumference of a crown-piece, and very thin.

The relations of the patient all begged of me for God's sake to deliver her as soon as possible, to give her a chance for life, and not to let her belly be the grave of the child.

I complied with their request, and delivered her much in the same manner as described in Cases 6. and 7. of this Collection and Number; but unluckily, when stretching the *Os Uteri*, which felt thin and rigid like a piece of parchment, the woman shrunk from the side of the bed, which obliged me to dilate with more force than I intended, to get my hand into the *Uterus*; at which instant I felt the mouth of the womb give way, and tear at the side, so as to allow my hand to pass without further difficulty.

The flooding diminished after delivery, on giving her fifteen drops of *Tinct. Thebaic.*; but  
returned

returned in two hours, and ceased again on repeating the same medicine.

She slept pretty well all night, was next morning much recruited by the refreshing rest and nourishing diet ; but soon after was attacked with a violent hæmorrhage from the *Vagina*, by which she was in great danger of expiring immediately.

This was checked by introducing into the *Vagina* a sponge dipped in a solution of alum.

To me it seemed probable, that this flooding might proceed from some of the large vessels being tore, that enter at the side of the *Uterus*.

She was long weak ; but, by the assistance of the *Cort. Peruv.* and a nourishing diet, recovered.

The child was alive, and at the full time. *Vide Collect. XXXV. Case 10. and Collect. XL. Case 8.*

As I principally write for the instruction of young practitioners, I have inserted the following cases sent me from gentlemen who formerly attended my courses of midwifery, as I think they may be also useful for the same purposes.



## CASE X.

A woman attacked with a flooding; the Placenta presented; delivered by Mr. Gr—, who sent me this account some time ago.

In August 1750, I was sent by Dr. Smellie to a patient who complained of a violent cough, which had continued eight or ten days, and was the occasion of bringing on a flooding; for which she had been blooded a few days before. She was of a thin habit of body, and fallow complexion, had a flow and weak pulse, which was now and then raised by fits of coughing.

That night I gave her ten grains of the *Pilulæ Saponac.* and next forenoon she was considerably better both as to the cough and flooding. In the afternoon she was ordered to take two spoonfuls of a cordial and pectoral julap, frequently; the pills were also repeated, by which means she rested very well that night; but next day the cough and flooding returned, for which I took about ten ounces of blood from her arm.

When I first examined, the *Os Uteri* was not in the least dilated; but this day, she having had some slight labour-pains, it was opened about the largeness of a sixpence. As she was costive, I ordered a clyster, which had its proper effect; and after that the following mixture,

mixture, to strengthen and encourage the pains.

R. *Pulv. Boracis* ʒij. *Tinct. Castor.* *Croci* āā ʒi.  
*Spir. Lavend.* *Sal. vol.* *Oleos.* āā gt. xl. *Aq. Cin-*  
*namomi ten.* ʒj. *Aq. Menthae* ʒvj. *Syr. Croci*  
 ʒjss. *Cap. Cochlear.* ij. *secunda quaq. hora.*

After this her pains came on stronger and more frequent; but all of a sudden she was attacked with a violent fit of coughing, which again brought on the flooding, and forced down a large quantity of coagulated blood. In this emergency, I was sent for in a hurry, and found the *Os Uteri* largely dilated, the *Placenta* presenting, and several lobes of the same separated from the membranous part, and lying amongst the *Coagula* that had been discharged.

At this time she had no pains, and the midwife told me, that the waters had been come off about an hour before I arrived: this was about one in the morning. Finding her faintish, with scarce any pulse, and her extremities almost cold, with a clammy sweat upon her head and hands, I told the friends the danger she was in, and the necessity of delivering the patient directly. Having put her in a supine position, and ordered every thing necessary to be in readiness, as the *Placenta* lay in my way, I first brought that away, then turned and delivered the child by

8

the



the feet with great ease, till I came to the head, which, as it was large, stuck in the passage, until I introduced one of my fingers into the mouth, and depressed the lower jaw, which assisted the head to come along with great ease.

On examining the child's body, I perceived it had been dead many days, from the livid appearance of the same, but more especially from the scarf-skin being stripped off in several places.

As the *Secundines* did not follow the delivery, I again introduced my hand, and brought them down, with the remaining part of the *Placenta*; and ordered the patient some *Ol. Amygd.* and *Syr. ex Althæa*, for her cough; also some *Ther. Venet.* with *Pulv. Gascon.* to warm her, and promote perspiration.

When I saw her next morning she was a little feverish; the *Lochia* were in a small quantity, but her cough was much abated, and she had got tolerable good rest. To assuage the fever, and assist the *Uterine* discharges, I ordered her to take repeated doses of the saline draughts, sweetened with *Syr. Diacod.* which relieved her much, and by proper nourishment, she recovered better than I expected.

*Memorable*  
*Placenta said to be* CASE XI.  
*Wage*

*By the way*  
*the mother died*  
*in the*  
*course of*

From Mr. Mudge, dated *Plymouth*, 1746. A delivery in a violent flooding; the woman died soon after, from the great loss of blood.

*Case 2*  
*not. 2 delivery*  
*passed hand*  
*in the*  
*placenta*

I was called to a woman in the forenoon, about half an hour after eleven o'clock; and was informed, that as she was spinning in the morning at six, she found something gush from her with so much force, as made her suspect it to be the waters; but on looking on the floor, she found it was blood. She had continued flooding in that violent manner till I was sent for; she was come nearly to her full time, but had not felt any pain through the whole.

The patient was lying on the bed, her whole body was pale, and had a livid appearance, covered with a cold clammy sweat, and without almost any pulse. I was shewed a chamber-pot three parts full of pure blood; and it was now pouring down in so great a quantity, that I imagined the only chance to save her life was a speedy delivery.

After acquainting the friends of the imminent danger, I examined, and found the parts greatly relaxed, and the head of the *Fœtus* presenting to the birth, which I passed with my hand, to seek for the feet; but the



first thing I met with was the *Placenta*, quite detached, and lying loose in the *Uterus*. This puzzled me at first, and made my coming at the membranes somewhat difficult and confused; however, I got to them, tore them open, and taking hold of the feet, brought them down to the passage, and soon finished the delivery. On introducing my hand to bring off the *Secundines*, I found the *Uterus* not contracted, but lying like a loose unelastic bag in the *Abdomen*.

The flooding stopped directly, and the woman seemed much revived. I gave her twenty drops of *Liq. Laud.* in a cup full of mulled port wine; but not having a sufficient quantity of blood left in her vessels to carry on the circulation, and vital secretions, she died in about half an hour after delivery.

C A S E XII.

A second case of flooding, from the foregoing gentleman, sent me at the same time.

This was another woman, nearly in the same circumstance as the former, with only this difference; that she had not lost quite so much blood.

When she sent for me, I found her flooding very fast. She was come to her full time, but had no pains, nor any appearance of labour. I gave her an opiate, and desired her

to

to keep quiet in bed. This was about eleven o'clock in the forenoon; and when I called again, about half an hour after one, the *Hæmorrhage* was not gone off, but rather increased.

The former case was too fresh in my memory, to delay my assistance in this; I accordingly told the patient the great danger she was in, and that it was absolutely necessary to deliver her as soon as possible: with some little reluctance she consented.

Having introduced my hand into the *Uterus*, I was very cautious of keeping up the waters. On insinuating my hand through the membranes, I raised the head, turned the child, brought down the feet, and perfected the delivery in a very few minutes; the *Placenta* was in great part detached. The mother did very well, and the child was a strong healthy boy.

*accidental*

CASE XIII.

*mother saved  
child born alive but  
died afterwards*

A third case from the same. A woman in the eighth month attacked with a flooding, the arm of the child presented.

*Membranes  
spontaneously  
ruptured  
at the junction  
of the  
Delivered*

A woman, who had bespoke me to attend her in labour, was seized with a violent flooding, when seven months gone: on which account, I took ten ounces of blood from her arm, ordered her an opiate, and desired that



she should keep quiet in bed. The *Hæmorrhage* abated, but returned next day, when it was again stopped by repeating the opiate, and ordering her a course of saline draughts.

For twelve or fourteen days, the patient continued to have frequent returns of the floodings, which were as often restrained by the above methods; at which period, being sent for again in a hurry, I found the discharge violent, her pulse exceeding weak, her countenance pale, her eyes sunk in her head, and to all appearance she was in a dying condition. I immediately gave her a large opiate in a cordial draught, that it might have the full effect by the time the delivery was finished.

As soon as every thing necessary was prepared, and the patient laid in a right position, I introduced my hand, and found the right arm of the child in the passage, which was easily and gradually pushed up into the *Uterus*. This I found strongly contracted, the waters having, as they informed me, gone off three days before. With my hand I gradually dilated, until I reached the feet at the *Fundus*, and bringing them down with some difficulty, I finished the delivery in the usual manner, after giving the proper turns, that the fore-parts of the body should be towards the *Sacrum*. I also had some difficulty in delivering the *Placenta*.

The

The woman recovered; but the child died in a quarter of an hour after it was born.

CASE XIV.

A fourth case of flooding, from Mr. M. in which the *Placenta* presented.

A woman being seized with a flooding in the morning, sent for me in the forenoon: she was come to her full time, and a week before had some appearance of the same kind.

She had no pains; her pulse was high and quick. I immediately took blood from her arm, ordered an opiate, and some saline draughts. The discharge soon abated, and she remained without any appearance, till seven in the evening, when I was called in a great hurry by a servant, who said her mistress was dying, and was met by another in the way, repeating the same exclamation.

On my arrival, I indeed imagined the patient was just a dying; her pulse was so low, that it could scarcely be felt to move; her face and arms were covered with a cold sweat; her eyes had lost their lustre, and the blood was pouring from the parts.

As nothing but instant delivery could give her the least chance, I informed the husband of the circumstance. He consenting, I then seated myself, and having introduced my hand into the *Vagina*, found the *Os Uteri*



much to one side, and so little dilated, that I could scarce introduce my fore-finger; but by stretching the same gradually, and slipping in one finger after another, I at last dilated it so as to receive my whole hand. The first thing I met with was the *Placenta* fixed to the mouth, and anterior part of the womb, but separated on the back-part: I broke through it, tore open the membranes, and taking hold of the feet of the child, brought them down to the passage, and with great ease finished the delivery; but, in the hurry to save the woman's life, one of the child's arms was broke, which I afterwards reduced; and it proved a stout hearty boy.

The patient recovered, contrary to the expectation of all present; and both she and the child, I am persuaded, must have inevitably perished, if this method had not been taken, or even if it had been longer delayed.

I again repeated the opiate in a cup of mulled wine; notwithstanding which, in about five or six minutes after, a fainting fit had nearly carried her off. To prevent any further discharge, which, though trifling, she now could not bear, I ordered cloths, dipped and wet with vinegar, to be applied to her back, and over the belly. The woman was of a thin habit, and tender constitution.

C A S E XV.

Delivery of a woman attacked with an *Uterine Hæmorrhage*, in a Letter from M. A. dated E. 1751.

A woman aged forty, and seven months gone with the seventeenth child, was threatened with a flooding, for which she was blooded, and confined to her bed for four weeks; after which the *Hæmorrhage* returned, and continued, though not violent, for two days; on the third, at three in the morning, the blood came away in a torrent, and overflowed the whole bed.

When I arrived, which was about five, the patient was faintish, with scarce any pulse to be felt; on which I intimated the great danger, and that it was absolutely necessary to deliver the child as soon as possible.

When every thing was prepared for that purpose, I examined, and found the *Os Uteri* not sufficiently dilated; however, I got hold of a foot, and pulled it down, without searching for the other, and delivered the child with great ease, having neither been obliged to bring down the remaining leg nor arms.

The child was large and healthy, according to the woman's time of reckoning; the *Hæmorrhage*, though not violent, continued two days longer, and the mother recovered.



## C A S E XVI.

*Unavoidable*  
*Artificial*  
*Delivery*  
*2nd 2d*  
*by the*  
*of the*  
 A case of flooding, in which the *Placenta* presented; in a letter from Dr. D. dated T. 1750.

*Mother died 2 days after*  
*Child dead*  
*several days*  
 He was called to a woman in the eighth month of her sixth child, who had been subject to floodings for two months before. The nurse shewed him the bed-pan, in which was about two pounds of coagulated blood, and on examining the patient, the *Vagina* was full of the same; the *Os Uteri* was lax, and open about the breadth of half a crown; but he was at a loss at first to know what presented.

As the patient was excessively weak, faint, and low, he was afraid she would expire under his hands. He told her friends that the only way to save her life was a speedy delivery; however, he tried to raise her spirits with gentle cordials; a clyster was also administered with a view to assist the pains, which were but trifling; and when it operated, the *Coagula* were forced from the *Vagina*.

As the flooding still continued, he had the patient placed in a supine position, and having introduced his hand into the *Vagina*, found the *Placenta* presenting; after which, with great ease he dilated the *Os Uteri*, slipped up his hand on the outside of the membranes,

branes, and with some difficulty tore them asunder. Although he found the head of the child presenting, he durst not, as the woman was lying like a corpse, wait for a natural delivery, but immediately turned the *Fætus*, brought down the feet, and with little difficulty delivered the body and head, which were very slippery and flabby, the child appearing to have been dead several days.

He with some difficulty separated the *Placenta* from its adhesions, and was agreeably surprised that there was no sensible flooding: all present were delighted to find the patient so sensibly recovered, and cheerful after delivery.

He ordered a gentle opiate to allay the after-pains, which had the desired effect; the *Lochia* were sufficient, and in short, every thing was to his wish; but a fever intervened with irregular horrors, and rigours, attended with *Singultus*, delirium, and, in spite of all endeavours, she died on the fourth day after delivery.

The doctor being desirous of my opinion as to his conduct in this case, and to others, which are inserted in Collect. XXVIII. Cases 5. and 34. No. 2. I sent him the following answer,



Sir,

Your conduct, and method of treating the three cases of midwifery, which I received with your letter some posts ago, gave me great satisfaction. The first, where the arm of the child presented, has no doubt convinced you, that it is only losing time, as well as fatiguing the patient and yourself, to try to alter a preternatural position into a natural, when the waters are discharged, and the *Uterus* strongly contracted, and embracing the body of the *Fœtus*.

As to the case of flooding, it was indeed enough to damp your spirits, and even to have had the same effect on an old experienced practitioner. No doubt the woman retrieving her spirits and strength after delivery, gave you great hopes of her recovery; but the issue shews the uncertainty of human endeavours, and that we should never be too secure. I commonly in such cases, to prevent and carry off a fever from inanition, order repeated doses of the bark.

Your management of the third case was also very proper; and, as you observe, the forceps should never be used but when absolutely necessary. Indeed, when the head is so low in the *Pelvis*, that you are certain of succeeding, and the pains gone, or too weak

to

to force out the same, that instrument supplies the place of hands, when the fingers slip, and cannot take a proper hold; but even then, the head ought to be brought along in a slow manner, and as the pains would have acted, if they had been sufficiently strong.

Dear Sir, go on and prosper, and continue to write me when any more difficult cases happen in your practice, which will much oblige, Yours, &c.

### N U M B E R III.

Women attacked with convulsions; the children delivered in the preternatural way.

#### C A S E I.

A woman in *Clare-market* attacked with violent convulsions, in the year 1745.

A midwife sent for me in the morning to a patient whom she attended all the foregoing night; and who, without any accident, or previous warning, was all of a sudden thrown into convulsion fits. At first they only returned every two or three hours; but afterwards more frequently. The woman had all along been stupid and senseless.

The midwife told me, that the patient was in the beginning of the ninth month of pregnancy; that she formerly delivered her, when she had an easy time, and no such com-



complaint; that the mouth of the womb was a little open; but she had not found any thing like labour pains.

Soon after I came, she fell into a fit, during which I examined, and found the *Os Uteri* a little open, and that the convulsion seemed to act with the same kind of effort as a labour pain. As her pulse was full, I ordered ten ounces of blood to be taken from her arm, and a blister to be applied to her back. No medicine could be given internally, as she could not swallow any kind of nourishment since the first attack.

In about four hours I was again called, on account of the convulsions recurring more frequent and violent; and found the *Os Uteri* softer, and much more open. Although, as before observed, there was no appearance of labour, yet the violence of the agitations, and strainings in time of the fits, might have proved sufficient to deliver the child; but I was afraid it was dangerous to allow the convulsions to go on longer; and was persuaded that a speedy delivery was the only probable method to save the patient, as well as the *Fœtus*.

After informing the friends of the danger, and the necessity of relieving the woman by delivery, and having placed the assistants to keep her in a firm position, I with great ease  
intro-

introduced my hand through the *Os Uteri*, broke the membranes, turned the child, and delivered it by the feet.

The child was alive, and the mother had not another fit after the delivery; but she remained stupid and senseless for three days, then became gradually more and more sensible, and would not believe for some time that she had been delivered.

## C A S E II.

A woman nearly in the same condition as the former; but lost, from delaying the delivery too long.

The same, or the following year, I was called to a poor woman near the *Seven Dials*; and was told by the midwife, that the patient was come to her full time, that labour was just begun, and at every pain she was thrown into a violent convulsion fit.

The pains were not frequent, she was sensible between the fits, the *Os Uteri* was a little open, and the head of the child presented. As her pulse was quick, I ordered twelve ounces of blood to be taken from her arm, and a large blister to be applied on her back, betwixt the shoulders; a clyster was also administered, which gave her a plentiful passage.

This was in the morning, and I desired the midwife to send for me if the fits did not abate,



abate, or returned with greater violence. In about two hours after I left the house, they again sent for me; but being then engaged with one of my own patients, I sent one of my oldest pupils, and desired him, if the convulsions did not abate, to deliver the woman immediately.

At first he found the patient in a dosing or comatose way; but soon after she was attacked with a violent convulsion fit: he told her friends that it was absolutely necessary to deliver her immediately, and that I had recommended this method to save her life, which was in imminent danger: the midwife was of the same opinion; but the woman's husband and sister would not consent, or allow him to do any thing until I could come to her assistance.

On my arrival in the evening, I found the patient was in a comatose state, and now quite insensible; the fits more frequent, with tremors and *Susult. Tend.* On this I told the friends the uncertainty of saving her, and was sorry to find, that they had prevented the gentleman from assisting before it was too late.

They now begged that I would do all I could to save the woman, and allowed me to send for some more of my pupils: the gentleman who was with her in my absence, told me, that the convulsions had dilated the *Os Uteri*  
a little.

a little every time ; however, it being her first child, it required some force and time before I could stretch it so as to pass my hand into the *Uterus* : this being effected, and having broke through the membranes, I brought down the legs, and delivered the child ; but have forgot whether it was alive or dead.

This case was not so fortunate as the former, for although the *Placenta* came easily along, and the *Uterine* discharge was sufficient and moderate ; yet the convulsions were not restrained ; but becoming more frequent and violent, carried her off in two hours after delivery.

### C A S E III.

A woman in labour of her first child, near *Oxford* market, attacked with convulsions after the membranes were broke.

In the year 1746, I was sent for by a midwife, who told me that her patient's labour had gone on exceeding well until the waters came off ; but soon after that happened, she was attacked with strong convulsions, which went off ; and returned every time when a labour pain began to come on.

The *Os Uteri* was sufficiently dilated. The head of the *Fætus* presented at the brim of the *Pelvis*. The woman's pulse was very quick, and her face uncommonly florid : on which



which account twelve ounces of blood were taken from her arm. But finding this avail nothing, and the convulsions growing more violent and frequent, and the head not advancing in the least, I thought it most expedient in this uncommon case, to deliver by turning the *Fætus*; which I easily performed, as the waters were not all discharged from the *Uterus*.

The child was alive, and the woman had not another fit after delivery.

#### C A S E IV.

Another case of the same kind; the child presented with the face, and was delivered in the preternatural way.

In the year 1749, a young woman come to her full time, was taken with violent convulsions when she fell in labour; for which she was immediately blooded, and a clyster was given, which had the desired effect. Nervous medicines and opiates were also administered; the last to allay the pains that seemed to bring on the fits; for every time a labour pain came on, she was thrown into convulsions.

The *Os Uteri* was open about the breadth of a crown piece, and a hard unequal substance presenting, at first made it uncertain what part of the child presented.

She

She was ordered to drink plentifully of weak green tea, and barley-water, with *Sal Nitri*, sweetened with syrup of *Althea*. In about three hours after this prescription the *Os Uteri* was much more dilated, and on examining, I found that the forehead and eyes of the child presented; the violence of the fits had abated after the bleeding and the opiate; but were now grown stronger, and more frequent.

In these dangerous circumstances, dangerous both from the convulsions and bad presentation of the child's head, I thought it was wrong to delay the delivery any longer. All present being made sensible of her situation, I had the patient kept firm in bed in a supine position, and gradually dilated the parts; which required time, and a good deal of force; but as the waters were all gone, I could not alter the position of the head; on which, and not without a good deal of force also, I brought down the feet of the child, and delivered, though not without greater fatigue than I expected.

The child was alive, and as in the former case, the woman had not any more fits after the delivery. She soon fell into a sound sleep, and recovered.

When I first introduced my hand into the *Uterus*, and found it strongly contracted to



the body of the child, I knew it would require great force to turn it; supposing that the wrong presentation prevented the head from coming along, I made the trial to turn down the *Vertex*; but that failing, I delivered in the preternatural way.

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## COLLECTION XXXIV.

[*Vide* Vol. I. Book 3. Chap. 4. Sect. 4.]

Of preternatural deliveries, in which the membranes were broke, the waters evacuated, and the *Uterus* was closely contracted to the body of the *Fœtus*.

### N U M B E R I.

The body of each *Fœtus* contracted in a round form.

[*Vide* the Anatomical Tables 31, 32, and 33.]

### C A S E I.

The fore-parts of the child presenting ; the feet, hands, and *Funis* in the *Vagina*.

Being called in the year 1723, to a woman in *St. Alban's* street, I was told by the midwife, that a great quantity of waters had come off suddenly ; and as the child did not present fair for the birth, she had desired my assistance.

On examining, I found the hands and feet presenting, and come down into the *Vagina*, together with the *Funis Umbilicalis*, in the arteries of which there was a strong pulsa-



tion. This last circumstance I did not mention, because this being the woman's first child, I did not know whether it could be saved in the delivery. I had learned by experience, that if the child is mentioned to be alive, and afterwards perishes in the birth, the mother grieves, and imagines it is lost by the unskilfulness of the practitioner.

As the patient was then in bed, and lying on her left side, I tried to deliver her in that position; but being prevented by her flying from me, I was obliged to turn her on her back, and across the bed, with her breech to the side, and her legs supported by two assistants.

Having confined her to this advantageous position, I gradually introduced my hand into the *Vagina*, and in a flattened form, slipped it up backwards, between the *Sacrum*, and those parts of the *Fætus* that presented, into the *Uterus*: there I found the breech lying at the left, and the head at the right side; but not so low as the breech.

As the legs were lying double in the *Vagina*, by hooking two of my fingers on them, I brought them and the thighs down, and the child being small, the body and the head were easily delivered, as described in Collect, XXXII. Case 1. and 2. by which speedy delivery the child was saved, and the mother relieved

lieved from danger. The *Placenta* separated, and was soon forced down into the *Vagina* by the after-pains.

## C A S E II.

The feet and hands presenting; the body of the child being brought down, the head was delivered with the *Forceps*.

In the year 1755, I was called to a case, in which the child presented nearly in the same manner as the former; only the *Funis* was not fallen down into the *Vagina*; but after the body was delivered, the head of the child stuck at the brim of the *Pelvis*, on which I made several trials to bring it down into the *Vagina*; but finding the child was alive by the pulsation of the arteries in the *Funis*, I was afraid of overstraining the neck, if I repeated these trials and increased the force.

The patient being in a supine position, I introduced a blade of the long *Forceps*, that were curved to one side, up along each side of the *Pelvis*, while an assistant held up the body of the child to give more room for their application; and having fixed them on the head, and joined the blades of the instrument together, I introduced two fingers of my left hand, and fixed them on each side of the child's nose, while my right pulled the



head with the instrument, and delivered it safely.

These two successful cases gave me great hope, that the above method would be of great service to save the lives of many children, who are generally lost by overstraining the neck in delivering the head ; but a third in which I failed, shewed that we ought never to trust too much, or be over-sanguine with respect to any particular method of practice ; but vary the same as we find it necessary.

However, although I have not had an opportunity of making any more trials of that kind ; yet as I succeeded twice, the practice is adviseable ; especially when we are certain, that the child is alive from the pulsation of the *Funis*, or motion of the body, or would prevent overstraining the neck, or avoid using the crotchet : *Vide* Table XXXV. of the Anatomical Figures, also the Preface to the first volume of Cases.

[*Vide* Case 5. of this Number and the 7.]

### C A S E III.

The legs, arms, and *Funis* forced down into the *Vagina* : the last hanging without the *Os externum* : no pulsation in the vessels.

In the year 1750, I was called to a woman in labour ; the waters had come off long before,

fore, and the midwife had tried to deliver the child: but failing in the attempt, had again folded up the legs and arms into the *Vagina* along with the *Funis*, with a design to keep them warm till I arrived.

As the patient was in bed, and lying on her left side, I sat down behind her, and found in time of a pain the *Funis* pushed down without the *Os externum*, and there was not any sensible motion in the vessels.

This not being the woman's first child, and the midwife having also sufficiently dilated the passages, I with great ease introduced my left hand along the back-part of the *Vagina* into the *Uterus*, and found the head of the *Fætus* above the *Pubis*, a little to the right side: the breech was to the left side, and higher than the head.

I brought the legs down from the *Vagina*, and wrapping them in a cloth, tried to pull down the thighs and body; but the head being so low prevented their descent: finding the *Fætus* large, I turned the woman into a supine position as in the former case.

I then took hold of the legs with my right hand, and introduced my left up the right side of the *Pelvis* to the head of the child, and while I pushed it up to the *Fundus Uteri*, pulled down the legs farther: by which method the breech was brought lower, and the



head prevented from returning to obstruct the delivery of the body. When the thighs were brought without the *Os externum*, I turned the fore-parts of the child backwards; but afterwards it required a good deal of force, when the body was brought out, to deliver the head; and indeed, if the child had been alive it would have run a great risque of being lost, from the overstraining of the neck.

## C A S E IV.

The side of the hip presenting: the fore-parts of the child to the back-part of the *Uterus*.

In the year 1746, I was called to a woman who had been long in labour, and was told by the midwife who attended her, that after the membranes broke, she felt something like the head of the child; but when forced lower down she found it some other part.

On examining the part that presented, it felt very much like the shoulder-blade, but on the midwife's informing me that some of the child's purgings had come down on the cloths; and examining a second time, I found it was one of the hip bones.

Being informed this was not the woman's first child, and finding her much exhausted with the length of the labour; that the parts  
had

had been largely dilated by the midwife before I arrived ; and learning, on inquiry, that her former labours had been quick and easy, I thought it was pity to keep the patient longer in that distressed condition.

Having ordered every thing necessary for the delivery, to be in readiness when wanted, I had the patient firmly secured in a supine position, and on introducing my hand found the left hip presenting, the shoulder and head near the *Fundus Uteri*, to the right side, and the legs and arms backwards.

This examination being made, in a slow and gentle manner I first tried to bring down both legs; but finding them entangled with the *Funis*, and the child alive, I could only bring down the left foot which was the lowest ; this being very slippery, and the *Uterus* strongly contracted, my hand was so cramped that I was obliged to grasp the foot between two of my fingers to bring it without the *Os externum*.

I afterwards brought down that leg and thigh, and tried to bring the other also ; but was prevented by a strong pain that forced down the hip into the *Pelvis* ; upon which I introduced two fingers of my right hand, and hooked them in the back-part of the child's right groin. Another pain coming on, by pulling at the left leg with my right hand,



and at the above hold with my right, I delivered the child safely, as described in the breech cases.

The child lay some time before it began to breathe, but at last recovered, to the great joy of the mother, who had lost all her three former children in the small-pox.

### C A S E V.

The left shoulder presented : after the body was delivered, the head stuck in the *Pelvis*. The short *Forceps* were tried, but not succeeding, it was brought down with the hands, in the year 1750.

The head, in this case, was to the right side of the *Uterus* : the breech on the left, near the *Fundus*, with the arms and legs backwards, as in the former case ; but as the *Uterus* was not so strongly contracted, some of the waters still remained. I grasped the body with my left hand, and raising the head and shoulder to the *Fundus Uteri*, by which the breech was brought to the lower part, the legs with great ease were grasped and brought through the *Os externum*.

In the mean time, the patient begged hard that I would do all in my power to save her child.

The midwife informing me, that the woman had lost one formerly which came in the wrong way,

way, and I finding that the child was alive by the motion of its legs, and that although it was not uncommonly large, the *Pelvis* was narrow; resolved to proceed with great caution, and do all I could to save the *Fœtus*.

The patient was in bed lying on her left side: but on this information I had her moved into a supine position. Having brought down the body and one arm of the child which lay before the face, I introduced two fingers of my left hand into the mouth as in Collect. XXXII. and the fingers of my other over the shoulders; then trying to deliver, I could not move the head down after several gentle efforts in this manner. I let go my hold of the under-jaw, and tried *Daventer's* method, by pressing down the shoulders to bring out the *Occiput* from below the *Os Pubis*; but this failing also, and finding there was still a pulsation in the *Funis*, I resolved to try the *Forceps*.

I now desired the midwife to hold up the body of the child so as to give me more room for introducing that instrument: but it being too short, and the head above the brim of the *Pelvis*, I could not fix them properly so as to render them of any use to assist the delivery. *Vide Collect. XXXV. Case 2.*

This method failing, and the pulsation of the *Funis* beginning to grow languid, I again  
took



took hold of the child as at first: but finding the under-jaw like to be overstrained, I fixed a finger on each side of the nose, and standing up in time of a pretty strong pain, I exerted a good deal of force; as the forehead of the child was backwards above the projection of the upper-part of the *Sacrum*, I had already turned it to the right side, to give more room for the head to come down.

Failing in this last attempt, I rested a little till another pain should return; but they being weak and seldom, and finding the pulsation at a stand, I again exerted greater force, by which I at last got the head delivered.

Every method was tried to recover the child, as formerly described in vol. first and second, also in Collect. XXXII. of this volume, but all to no purpose: a miscarriage which was very grievous to the disconsolate mother.

*Vide* Case 3. and 7. No. 1. of this Collection.

## C A S E VI.

The right arm hanging down, without the *Os externum*; the head of the *Fœtus* at the left side, and the fore-parts to the side and back-part of the *Uterus*.

In the year 1747, a gentleman called on me when I was engaged with a patient, and desired me to come as soon as possible to his wife's

wife's assistance, giving me to understand, that as she was stepping into bed, the waters had come off without any previous warning.

I desired him to send for the midwife who attended in her former labours; telling him, that I expected this labour would soon be over, and that I should come time enough to assist his wife if there should be occasion.

The midwife accordingly was sent for, and arrived just in time to shift the patient, and put her to bed by the time I reached the house: she told me, that on examining she found a foot lying in the *Vagina*; but I perceived it was an arm lying double, and I brought the hand through the *Os externum*, to convince the midwife that it was not the part she imagined.

Although there had been no labour-pains that the patient thought were worth noticing; yet the parts had been so dilated before the membranes broke, that I easily introduced my hand into the *Uterus*, and found the child's head above the *Ossa Pubis*, the fore-part backwards, and a little to the left side.

After disentangling the *Funis Umbilicalis*, I brought down both legs; but finding I could not bring the feet further than the lower part of the *Vagina*, I slipped a noose over them, as described in my Treatise of Midwifery; then taking hold of the fillet with  
my



my right hand, I introduced the other to the head, and pushed it up, while I pulled down the legs with the noose: by these means the head was raised to the *Fundus*, the arm that was down, returned into the *Uterus*; and the child was safely delivered.

I delivered this gentlewoman once before, when the case was much the same, and of several children afterwards: her belly was somewhat pendulous; and it was remarkable, that if the membranes broke while she lay in bed, the head of the *Fœtus* presented; but when in a sitting or standing position it slipped over the *Ossa Pubis*, and the arm came down into the *Vagina*. One lucky circumstance attended these, for after the membranes broke, the shoulder filled up the *Os Uteri* so exactly, that there remained a sufficient quantity of waters, by which the delivery was easily performed.

#### C A S E VII.

The arm presented: the *Pelvis* narrow: the child brought footling, and the head delivered with the long *Forceps* curved to one side. *Vide* Table XXXV. of the Anatomical figures, and Case 7. and 2. of this Collection.

In the year 1753, I was called by a midwife to a woman where the arm of the child was

was come down and lying double in the *Vagina*. As the waters were not all come off, but kept up by the shoulders in the *Os Uteri*, I first tried to raise the arm, and bring down the head so as to present in the natural way.

I made this trial on finding the *Pelvis* narrow, the pains strong, and the woman not weakened with the length of the labour; but failing in this attempt, I raised the head and shoulder to the *Fundus Uteri*, and after bringing down the legs and body, tried again and again to deliver the head in the safest manner.

Finding there was still a strong pulsation of the arteries in the *Funis Umbilicalis*; and being afraid of losing the child by overstraining the neck; although I had failed with the short strait *Forceps*, as in Case 5. yet I resolved to try a longer pair that were curved to one side, to suit the curvature of the *Os Sacrum*.

They were contrived some years ago by myself, as well as other practitioners, on purpose to take a better hold of the head when presenting, and high up in the *Pelvis*; but I did not recommend their use in such cases, for fear of doing more harm than good, by bruising the parts of the woman, when too great force was used. *Vide* the Anatomical figures, Table 12. and 17.



The patient being in a supine position in bed, and two assistants supporting her legs, I found the forehead of the child was backwards, but a little to the left side of the lowest *Vertebra* of the loins, which jetted forwards with the upper part of the *Sacrum*, and gave more room for applying the *Forceps*: wrapping a cloth round the body of the *Fœtus*, I raised it towards the *Abdomen* of the patient, which an assistant supported in that position.

Being properly seated, I introduced my right hand up the left side of the *Vagina*, till my fingers reached the left side of the child's face. Then with my left hand I insinuated a blade of the *Forceps* up to that part. As I withdrew my right hand to make more room, I slipped the blade farther, that the end of it might reach as high as the upper part of the child's head: then I moved it towards the left groin of the patient, that the blade might be over the left ear, which was at that part; the part of the blade that was bent to one side, was to the *Pubis*: and the convex part was backwards to suit the concavity of the *Sacrum*. *Vide* Table 35.

My left hand was next introduced up the right side, betwixt the *Sacrum* and *Ischium*, and along on the inside of my hand the other blade

blade in the same cautious manner, over the right ear: having locked them together, I introduced a finger of my left hand into the child's mouth, to keep the face from turning upwards; then pulling the handles of the instrument with my right, and increasing the force, I brought down the forehead past the narrow part of the *Pelvis*; and turning it backwards to the concavity of the *Sacrum*, brought the head through the *Os externum*, by pulling upwards over the *Pubis*, to prevent a laceration of the *Perinæum*.

There was a small impression made by the *Forceps* on the scalp, which dispersed soon after: the child was strong and healthy; and although I used a good deal of force, the mother recovered without any uncommon complaints.

Since my success in this Case, I had another of the same kind, in which the child was saved by the same method, in the year 1755. *Vide* Case 2. of this Collection.

Another occurred in the course of the same year, in which that trial failed on account of the uncommon largeness of the head and smallness of the *Pelvis*; there I was obliged to withdraw the *Forceps*, and extract the head with the crotchet. *Vide* Collect. XXXV.



## C A S E VIII.

The arm of the child in the *Vagina*, and the body lying in a round form in the *Uterus*.

Early one morning in the year 1736, I was called to a woman at some distance in the country. The membranes had broke the night before: the arm presented pretty much swelled, and part of it without the *Os externum*. Finding it was the left, I informed those who were present of the circumstances, in order to anticipate all censure, in case the child should not be delivered alive.

The woman was laid across the bed in a supine position, two assistants supporting her legs, and another on the opposite side, to support her head and shoulders; and prevent any obstruction from her hands and arms, in time of the operation.

With much difficulty, I introduced my left hand betwixt the swelled arm, and the back-part of the *Vagina* to the armpit; but still it required a good deal of force to raise the shoulder and head to the left side of the *Uterus*, so as to allow room for my hand to pass on the right side, along the breast of the *Fætus*, to the *Fundus* where I found the knees; then hooking my finger in the hams, I brought down the legs into the *Vagina*.

As the fore-arm was still in the *Vagina*, I could not fix the noose over the ancles, but

was obliged again to introduce my hand; and, by pushing up the shoulders, and pulling down the thighs alternately, I at last, with much fatigue, raised the body higher. The arm being removed out of my way, I brought the legs without the *Os externum*: the *Pelvis* being large, the body and head were easily delivered. The swelling of the child's arm gradually subsided, by the application of fomentations and cataplasms; but for several days, it could not move that limb.

One of the assistants told me, that finding the midwife pulling with a good deal of force, without being able to deliver the child, they were alarmed, and would not allow her to repeat these efforts till I came; they supposed, therefore, this was the cause of the arm's being swelled so much, when the child was delivered.

### C A S E IX.

The arm presented; taken off by another practitioner; succeeded by a flooding. Another case, in which the patient was not delivered.

In the year 1729, I was called to a woman at the distance of eight miles from the place where I then lived; she was excessively weak, could scarcely speak, and seemed to be in a dying condition.



The midwife told me apart, that the patient had been in labour two days; that when the waters came off, the child descended to the passage; that as she could not after many trials deliver the body, they had sent for a gentleman famous in that part of the country for the practice of midwifery; that after many efforts, and waiting several hours, he told the friends it was absolutely necessary to take off the arm to make more room for the delivery of the child; that she had greatly assisted in helping him to twist it off from the shoulder, and made a great merit of helping the gentleman.

She informed me also, that the patient had lost a great quantity of blood all the time of the operation; that all possible means had been used to separate the mother and child; but as her time was come, all was done that could be done by any mortal.

On examining the arm which the midwife brought out from under the bed, and observing it was not much swelled, I desired she would never boast of assisting in such an operation, especially as it had done no service in forwarding the delivery.

The gentleman, who lived about four miles from the place, had left the woman before I was called, and desired to be sent for when the pains returned, that he might then deliver

deliver her, promising, in the mean time, to send her a cordial julap.

The friends, after this information, begged of me to deliver the woman if possible, and not let her go to the grave with the child in her belly. I told them that in all appearance she would very soon expire; and as the child was certainly dead, it was a pity to torture her any more: but as they were so importunate, and as there might be a chance of recovery, contrary to all expectation; and considering that even though she should expire in time of delivery, it might be serviceable to the public, to expose an ignorant pretender, who had acquired a great reputation, even in spite of several such blunders; I resolved to comply with their request.

Having ordered the woman to be put in the same position as described in the foregoing case, I expected it would require a great deal of force to turn the child; but was happy to find, on introducing my hand into the *Uterus*, that the resistance was inconsiderable. I raised the shoulder to the *Fundus*, brought down the legs, delivered the child, and the *Placenta*; which last being already detached, followed the body with a large coagulum of blood adhering to it: this lax state of the *Uterus* seemed to proceed from the great weakness of the patient.



Although before delivery, the woman seemed to be insensible and comatose; yet after being roused by the unexpected news of the child's being born, her drooping spirits revived, and she was able to express her thanks for my relieving her. All present were agreeably surprised to observe how easily the operation was performed, and sufficiently convinced of the ignorance of the other practitioner.

I immediately ordered a little caudle to be given frequently; but although the flooding was now abated, she was so much weakened and exhausted with the length of the labour, and great loss of blood; that she died the same night, in about two hours after I left the place.

Some years before this incident, when I first settled in practice, a woman who had formerly been delivered of several children, was taken in labour; the midwife being intoxicated with liquor, I was sent for, and found the arm of the child come down into the *Vagina*: the patient had been many hours in labour, and a flooding had begun; but was abated after the waters were discharged.

I proposed to deliver by turning, and bringing the child by the feet; but that being a new method, and not known in the place, the midwife and assistants opposed it, and sent for an old practitioner, who undeservedly had also acquired some reputation in  
that

that branch ; but instead of turning, he fatigued himself and the woman, by pushing up the arm to bring the head to present, and when that method failed, he tried to deliver by pulling at the arm.

Another gentleman was called, who lived at a much greater distance than the former ; but the flooding had increased so much by the former violence, that the patient expired before his arrival : as he knew more of the practice, he regretted much that the method I had proposed was rejected.

#### C A S E X.

The haunch and side of the child presented, with the legs and arms forwards to the *Abdomen* of the mother.

In the year 1734, being called to this patient, and examining, I found no part of the *Fætus* ; but after placing her in a supine position, and introducing my hand into the *Vagina*, I felt through the integument the haunch bone and the ribs : insinuating my hand farther into the *Uterus*, I rested a little, and slowly examined the position, so as to be able to take the safest and easiest method to come at the legs, and turn the body of the child.

Finding the arms and legs lying double, and forwards ; and the *Ossa Pubis* of the mo-



ther preventing my hand from taking hold of the feet, I turned her from that position to her left side, and on introducing my hand reached the feet, which were easily brought down, and the child was delivered.

The woman had been two days in labour before I was called. She recovered; but the child was dead: as I forgot to examine the *Funis* when the body was brought down, I could not determine, whether it was dead before, or lost in delivering the head, which required great force in the extraction.

#### C A S E XI.

The haunch presenting: the body of the child in much the same position as described in the former case.

In the year 1752, I was called to a woman who had been long in labour, and on examining found, that either the shoulder or haunch presented. As she lay on her left side, I tried to introduce my hand into the *Vagina*, in time of a labour-pain; but on her flying from me, and not keeping in that position, I was obliged to turn her to her back. *Vide Collect. XXV. No. 1. Case 1.* pretending that a supine position would assist the pains and the delivery.

The friends present informing me of her unmanageable disposition, I had her firmly held

held by three strong women. Then I introduced my hand, and felt the left haunch presenting, with the fore-parts of the *Fætus* to the right anterior part of the *Uterus*.

Finding, as soon as I insinuated my hand into the womb, that the patient lay quiet, and did not make such violent efforts to move from me, and that in this position the *Pubis* prevented my arm and hand from turning upwards, and forwards, so as to take hold of the feet, I desired the assistants to turn her again to her left side.

During this movement, I durst not venture to withdraw my hand, lest she should renew her violent efforts against me, and repeat the cries of murder with which she had alarmed the neighbourhood.

Her breech being a little over the side of the bed, a pillow betwixt her knees, which were raised up to her belly, and kept firm in this advantageous position, I stood behind her and began the operation, the *Pubis* did not now prevent my hands going up to the fore-part of the *Uterus*; but the womb being strongly contracted, I could only bring down one of the legs into the *Vagina*. By fixing a cloth round the ankle, I moved the child with its head up to the *Fundus*; and being but small, it was easily and safely delivered.



## C A S E XII.

The arm lying double in the *Vagina*; the fore-parts of the *Fœtus* to the anterior part of the *Uterus*: the woman delivered according to *Daventer's* method by turning her to her knees and elbows.

I attended a patient to whom I had been bespoke, in the year 1745, the membranes were broke, and a large quantity of waters discharged before my arrival. The arm lay double in the *Vagina*, and the *Os Uteri* was sufficiently dilated.

Having placed her in the side position across the bed, as described in Collect. XXV. No. 1. Case 3. I by degrees opened the *Os externum*, which, as it was her first child, required some time, by dilating it a little every pain. At first imagining the fore-parts of the child were to the back-part of the *Uterus*, I introduced my left hand along the back-part of the *Vagina*, and in pushing up the arm and shoulder into the *Uterus* to search for the feet, I found my mistake as to the position, and that they were at the *Fundus* and anterior part.

Having withdrawn my left hand, I introduced the right, and raising again the parts that presented, I pushed up my hand at the fore-part of the *Uterus*, where I found the legs, arms, and *Funis* intangled with one another,

another, that I could not disengage them with my fingers so as to take hold of the feet. This difficulty, joined with the strong contraction of the *Uterus*, which I did not expect would happen so soon, when the membranes were so lately ruptured, so cramped my hand, that I was obliged to withdraw it once more.

By these repeated efforts to force up the body, the *Placenta* had been squeezed and loosened from its adhesion in the *Uterus*, and a flooding was brought on. Observing this symptom, and considering that no time should be lost, I made a second trial in the same manner, as soon as my hand recovered its former strength ; but finding the same difficulty, I desisted from attempting any more to deliver in that position.

Having turned her on the bed, to her knees and elbows, with her breech high and shoulders low, and she being supported by assistants in this position ; I again introduced my hand, and found the contraction and pressure so diminished, that I at last, though with a good deal of difficulty, got one of the feet betwixt my fingers, and brought it down to the *Vagina*. By pushing up the body, and pulling down that limb alternately, the child was safely delivered ; the *Placenta* followed, and the flooding ceased.



## C A S E XIII.

The child lying in a round form, the back presenting, with the head and feet towards the *Fundus Uteri*.

In the year 1746, a midwife sent for me to a woman in labour: she told me that the membranes broke soon after her arrival, and suspecting that neither the head nor breech presented, she had desired the husband to send for further assistance.

As the patient was lying on her side, I examined, and was of the midwife's opinion; but uncertain what part of the child's body was over the *Os Uteri*. She evaded my efforts in that position, therefore was turned to her back. Her breech was brought down to the foot of the bed, while two women supported her legs, and kept her firm, to prevent her flying from me in time of operating.

On introducing my hand, I found the middle of the back presented; and that the shoulders were to the right side of the *Uterus*. These I first tried to raise to the *Fundus*; but as I endeavoured to come at the breech to pull it down from the other side, the shoulders returned.

Finding, after repeated trials, that this method did not succeed, I slipped up my hand along the back-part to the *Fundus*, where I

found the feet, and as I pulled them down, the back turned upwards; after which the child was soon and safely delivered.

C A S E XIV.

The belly presenting; the *Funis Umbilicalis* fallen down into the *Vagina*, and much tumefied; the head and legs turned up to the *Fundus Uteri*.

In the year 1750, I was called early one morning to a woman who had strong labour. The membranes had been broke the night before; although the midwife found the *Funis* come down, and the child presenting wrong, yet she concealed these particulars, pretending that every thing was right, that it must take a long time to deliver the child, and she would not allow any assistance to be called for, until the friends insisted upon having further advice.

When a pain came on, I examined, and found the *Funis* come down without the *Os externum*, pretty much swelled, without any pulsation; then following it up into the *Vagina*, I felt its adhesion at the *Abdomen*, and told the friends, that the child presented in a wrong position and was not alive. Hearing this declaration, they abused the midwife, and were about to expel her the house, if I had not interceded in her behalf, that she  
might



might assist the patient after delivery. *Vide Collect. XLIX. No. 2.*

As the patient lay on her left side, and the parts had been largely dilated, either by the midwife, or membranes, before they broke, I with great ease introduced my hand, and felt the fore-part of the thighs at the left side of the *Uterus*; and tracing up higher, I got hold of the legs, which I could not then bring down, because of the great contraction of the *Uterus*.

My hand being cramped, I brought it lower, and after resting a little, tried to push up the breast and bring down the thighs; but this did not alter the position of the child sufficiently; and the patient not being kept properly in the side position, I was obliged to turn her to her back. *Vide Collect. XXV. No. 1. Case 1.* Then introducing my hand along the back-part of the *Uterus*, to the *Fundus*, I took hold of the legs, and pulling them downwards, the fore-part of the thighs and belly turned upwards, by which means the body was brought down; but the child being large, the head was delivered with some difficulty.

## C A S E XV.

The breast of the *Fœtus* presenting ; one arm lying double in the *Vagina*, part of the other without the external parts ; the delivery performed with the noose ; 1743.

Soon after the membranes were broke, I was called to this case, and found the breast of the child forced down into the upper part of the *Pelvis* ; expecting it would require strength to raise and pass it, so as to come at the legs, I had the woman laid in the supine position. *Vide Collect. XXV. Case 1.*

Wrapping a cloth round the right hand and fore-arm of the child, that was protruded without the external parts, I took hold of it with my left hand, and introduced my right up the back-part of the *Vagina* ; when unwrapping the cloth, and letting go my hold, I pushed up both the breast and the other arm into the *Uterus*, where I found the head and neck above the *Pubis*, the thighs and legs lying double at the left side ; which last were easily brought down into the *Vagina*.

After resting a little, I endeavoured to move round the body of the *Fœtus*, by alternately pushing up the breast, and pulling down the legs ; but finding this only fatigued the woman as well as myself, to no purpose, I introduced the noose, and fixed it slowly  
over



over both ancles, not without some difficulty, as the feet were still pretty high in the *Vagina*.

Having at last got it firmly fixed, I twisted it round my right hand, and introduced my left, with which the breast was raised towards the *Fundus*, on the right side, while the legs were pulled down by the noose from the left, without the *Os externum*; then taking hold of the ancles with my right hand, to prevent their being overstrained, I raised the body of the *Fætus* higher with my left, and by continuing to push up and pull down alternately, the head and shoulders were raised to the *Fundus Uteri*, the arms returned into the womb, the breech was brought down into the *Vagina*; then both mother and child was safely delivered.

#### C A S E XVI.

The arm and shoulder of a second child forced down without the external parts, in the year 1746.

The patient had been delivered by a midwife in the evening; and when I was called next morning, I found the right arm and shoulder of a second child, forced or pulled down without the *Os externum*. The arm was not tumefied; but, as no pulsation could be felt at the wrist, I imagined the child was not alive.

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The neck, shoulder, and some of the ribs, as well as the arm, being all without the external parts, I was afraid that it would be impossible to force up these parts of the child into the *Uterus*, so as to turn the *Fætus*, and bring down the legs : this method, however, I resolved to try first ; but if that did not succeed, then to deliver in the manner recommended by *Celsus* in such cases ; viz. to divide the neck, and bring the divided parts separately.

Having ordered the patient to be properly held in the supine position, I tried to force up the shoulder, and was happy to find, that the child being small, all the protruded parts returned easier than could be expected into the *Uterus* : then I brought down the legs, and delivered the child, which being alive, I was glad that I had not been obliged to fly to the last resource.



## NUMBER II.

The children lying with the superior parts to the *Os Uteri*; the feet and breech to the *Fundus*; the waters evacuated, and the *Uterus* contracted in form of a longish sheath.

## CASE I.

The left shoulder presented; the fore-parts of the *Fætus* to the right side of the *Uterus*.

In the year 1737, I was called to a woman in labour. The waters were discharged the day before my arrival. On examining, and finding the head of the child did not present, I had the patient laid in a supine position across her bed; introducing my right hand into the *Vagina*, I felt the shoulder; and in raising it, observed that the fore-parts of the *Fætus* were to the right side of the *Uterus*, and the head turned up above the *Pubis*.

On this information, I was obliged to withdraw my right hand, and introduce the left: while I tried to insinuate it betwixt the breast of the child, and the right side of the *Uterus*, I found this last so strongly contracted, that I was obliged to bring my hand lower, and push up the shoulder and head to the left side, to give more room for my hand and arm; these parts not moving round, I again forced

my hand up along the breast, and by degrees reached the thighs and legs, which were folded double on the belly of the *Fœtus*.

As my hand began to be cramped, I rested a little; and the strength of my arm being somewhat recovered, I pushed up my hand farther and farther, to make more room for taking hold of the ankles; this I at last accomplished, and brought the feet down to the lower part of the *Uterus*; but the great force which I exerted loosened the *Placenta*, and brought on a flooding. Having withdrawn my left hand, I introduced my right, with which, by pushing up the shoulder, and pulling down the legs alternately, I at last moved the body round, and the child was delivered, but not without changing hands three or four times, which were much squeezed and cramped by the strong contraction of the *Uterus*: I was also, during the operation, obliged to alter my own position, from sitting, to kneeling and standing alternately, as I found it necessary.

The *Placenta* followed the delivery; and the flooding ceased: the child was alive, contrary to my expectation, considering the great force and squeezing on the breast and *Abdomen*, before I could bring down the legs. The patient being a strong, healthy woman, was not sunk by the flooding, which was of ser-



vice in relaxing the *Uterus*, and, by emptying the vessels, helped to prevent an inflammation.

## C A S E II.

The right shoulder of the child presenting; the legs against the fore-part, and *Fundus Uteri*; delivery assisted by the noose.

In the beginning of the year 1753, I was called to a person whom I had delivered twice before. To outward appearance she seemed very well formed for bearing children; but her being sickly, and tender in her infancy, was the occasion of a narrow and distorted *Pelvis*.

The distortion here differed from what I had observed, for the most part, in other cases of that kind. The bad formation is generally from the projection of the lowest *Vertebra* of the loins, and upper part of the *Sacrum*, and may be distinguished by examining with a finger. In this patient, the distortion arose from the three lowest *Vertebræ* of the loins bending forward, and could not be felt till after delivery, except in this last case, where I was obliged to bring down the legs of the child, and deliver in the preternatural way.

In her first labour, when about five and thirty, she was attended by a midwife; and it proving laborious, a gentleman was called,  
who

who was obliged to open the head, and extract with the crotchet. In her next pregnancy, I was bespoke; and as the head of the child presented, I managed the labour from the beginning in a slow and cautious manner; but although the child was small, I with the greatest difficulty saved it, by the assistance of the *Forceps*. When I attended in her third labour, with the same caution and patience as in the former, I could not save the child, which was larger; but found myself obliged to use the same method as the other gentleman had taken in delivering the first to save the patient's life.

When bespoke to attend a third time, I was under no small anxiety on account of the difficulty that attended her labours; but more so, when called, and examining, I found that the head of the child did not present. The membranes had not broke, but, in time of a labour pain, were pushed down to the lower part of the *Vagina*: and the mouth of the womb was largely dilated.

After considering the case, I resolved to try in time, before the membranes broke, and the waters came off, either to bring the head to present, if large, or if the child was small, to bring down the feet, and deliver in the preternatural way; but while the bed was preparing, a strong pain came on, which



broke the membranes, and a very large quantity of waters was discharged on a sudden, the patient being in a standing posture.

The nurse having put her to bed, her breech was brought down to the feet of it, and she was laid on her left side, this position being most advantageous, on account of the projection of the distorted bones, which would have prevented my hand's going up, if she had been in the supine position.

Having seated myself a little behind the patient, I introduced my right hand into the *Vagina*. The shoulder presenting, and the head to the right side of the *Uterus*, I endeavoured to push up the first, and bring down the last, to present in the natural way; but finding the strong contraction of the *Uterus* prevented my raising the shoulder sufficiently, and that the slipperiness of the head evaded my fingers, so that I could not alter its position, I gave up all hope of succeeding in that manner; for, when the membranes broke, the distorted bones prevented the shoulders coming down to fill up the passage, and keep up some of the waters.

Finding the contraction of the *Uterus* so strong, and the strainings of the patient so great, that I could not reach the feet, I caused her to be turned to her knees and elbows, to prevent further strainings: while she was  
kept

kept firm in this position by the assistants, I introduced my hand again, and finding the resistance less, I pushed it up gradually, along the fore-part of the *Uterus*, where I found one of the legs, which I brought down; then pushing up the shoulder, and pulling the limb, alternately, as in the former case, I extracted it without the *Os externum*.

By this time I was pretty much fatigued, and rested a little. The woman complaining of the uneasy position, I had her again turned to her side: having fixed a noose round the ankle, and twisted the other end of it round my right hand, I introduced my left to the face, and fore-part of the neck and breast of the child, which were at the under-part, and right side of the *Uterus*: by pushing up these, and pulling, at the same time, the leg down with the noose, I brought the breech lower, and the head, with the breast, to the upper part of the womb.

Having withdrawn my left hand, and considered that there was still a greater difficulty to overcome in order to save the child's life, by bringing the head through the passage of these distorted bones, I moved the patient into the supine position, as described in Collect. XXV. Case 1. This alteration afforded more liberty to operate with safety, than could be procured in any other.



Wrapping a cloth round the child's right leg, I began to pull, and, by the assistance of the mother's efforts, brought down the hip to the lower part of the *Pelvis*; then introducing the fingers of my left hand over the other hip into the groin, and pulling with both hands, I brought down the body to the arm-pits.

Finding, by the pulsation in the *Funis*, that the child was alive, I slipped my right hand up along the breast, to feel the position of the head, which was still high, and above the distortion, with the chin to the right side; but not being able to bring the head or shoulders lower, I withdrew my hand. After having brought down both arms, I introduced my left hand, and the head being a little lower, I hooked two fingers in the mouth, laid the body of the child on that arm, and fixed the fingers of my right hand over the shoulders, on each side of the neck.

Having taken a firm hold with both hands, I tried, in a slow and cautious manner, to bring down and extract the head, by increasing the force gradually, moving the face of the child backwards and forwards, sometimes altering my fingers from the mouth to the sides of the nose, sometimes quitting again these holds, and trying *Daventer's* method, by pressing down the shoulders, to bring the

*Occiput*

*Occiput* out from below the *Ossa Pubis*: this method not succeeding, I again introduced my fingers to the mouth; but, after exerting greater force, and pulling the body of the *Fœtus* upwards, downwards, and from side to side, I was obliged to rest, and began to despair of saving the child's life.

The woman all this time behaved with great courage, and assisted with all her strength, by forcing down every time I desired. As there was still a weak pulsation in the *Funis*, I resolved to make another effort with all my strength, by which the head was moved a little lower: then forcing up my fingers to the forehead, I got a firm hold on it, and finished the delivery.

The force used in turning the child had loosened the *Placenta*, and brought on a large discharge of blood, as in the former case; a circumstance which commonly happens in such deliveries. As the after-birth followed the delivery, I wrapped it in the receiver with the child, and laid all on an assistant's lap, near the fire, without tying and separating the *Funis*, because I still found a creeping motion in the arteries.

After having moved the patient from her uneasy position, and further up from the foot of the bed, I tried the common methods to assist the recovery of the child. Soon after,



ter, the infant shewed some weak signs of life, and in about ten or fifteen minutes began to cry, and breath with more freedom: that which had the greatest effect, was whipping his little breech from time to time, for which I ask pardon of my old friend and preceptor Dr. *Nicholls*.

As I suspected that the neck was overstrained in time of delivery, the head was gently pressed towards the shoulders: on the recovery of the child, I examined the mouth, and all the limbs, to find if any thing was amiss. The infant continuing to cry incessantly while the head was washing, I examined, and perceived a large tumour above the right ear; I likewise found a depression of the temporal bone before the ear, and the frontal and parietal bones pushed outwards: these formed the swelling, and were the parts that stopped at the distorted bones of the *Vertebra*. On pressing the tumour with my fingers, the child was quiet, but on removing them from the part, the bones were again pushed out, and the child fell a-crying; by repeating the same experiment more than once, I was convinced that this was the occasion of the complaint.

Having applied a thick compress, moistened with oil, vinegar, and spirits, on the tumour, and secured it with a proper bandage,

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I desired the nurse, if this was not sufficient, to continue to assist with her hand, as before; for I did not chuse to bind the head too tight, as such fits of crying never happened in my practice, neither before nor since. I was glad to find next day, that the swelling had disappeared.

The child was smaller in this case than in the former, and the mother recovered better than in any of her preceding labours. The difficulty that attended the delivery of the head made me resolve to use the long *Forceps*, as in No. 1. Case 7th, of this Collection.

### C A S E III.

The left arm and shoulder of the *Fætus* presenting, the head over the *Pubis*, and the fore-parts of the child to the right side of the *Uterus*.

In the year 1742, being called to a watchman's wife, the midwife told me, that the waters had come off in a large quantity, on which the arm was forced down into the birth, and the hand appeared without the external part: she had tried different methods, to make the child (as she ignorantly imagined) withdraw up its hand into the womb, and change itself into the natural position; dipping its hand into a basin of cold water, and also in vinegar and brandy; but finding these



these trials fail, she had recourse to the last remedy, before any assistance from a man practitioner was thought necessary: she directed the woman's husband to take hold of her legs over his shoulders, and lift up her body three times, with her back to his, and her head downwards; being of opinion, that although the former methods failed of success, this would answer her expectation.

On examining this case, I found by the hand and fingers, that the left arm was come down, and that the fore-parts of the *Fætus* were probably to the right side of the *Uterus*. I promised to support the woman in her lying-in; and on this consideration, the gentlemen who then attended me for their instruction in midwifery, were allowed to be present at the delivery.

Finding I could not keep the patient in a firm position, when on her side, I had her turned to her back, with her breech to the bed's feet; two of the gentlemen sustained her legs; her head was supported by lying in the midwife's lap; the midwife was seated on the bolster at the head of the bed, to keep her firm in that position, and restrain her arms, so as to prevent her hands from pulling at the assistants or me, in time of the operation.

As the arm of the child was but little swelled, I easily introduced my left hand below it,  
into

into the *Vagina*; then pushing up the shoulder, insinuated my hand betwixt the breast and the right side of the *Uterus*; but finding, after several strong efforts, that I could neither raise the shoulder higher, nor push my hand sufficiently up to come at the feet, I altered her position in the following manner.

Observing that the midwife kept the woman's head and shoulders too high, I made her sit further up on the bed, that they might lie lower; but my hand and arm being by this time cramped and wearied, with working in too great a hurry, I was obliged to withdraw both, and rest a little. Considering that my other hand could not, in this position of the woman, reach the legs of the child, which were at the right side, I turned her to her knees and elbows, and had her supported in that posture by the assistants, on the bed.

I then insinuated my right hand, and gradually stretched the contracted *Uterus*, when I found the feet were turned up to the breech at the *Fundus*. I now endeavoured, with all my strength to push farther up, so as to make more room to take hold of the legs; but the woman being strong, and struggling incessantly, we could not keep her in that position; so that all my efforts to bring them down, proved abortive.

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This hand and arm last introduced being likewise cramped, I was obliged to withdraw them, and I began to despair of succeeding without the assistance of the crotchet; but I resolved to make one effort more. Finding we could not keep her steady in this last position, I had the bed raised very high at the feet with bolster and pillows; then she was laid again in the supine position as at first, her breech being raised much more, with her head and shoulders very low.

My left hand being now pretty well recovered from the former fatigue, I introduced it as at first, and at last reached up to the *Fundus Uteri*; I now brought down one of the legs, and delivered the child, with the assistance of the noose, as in the former case, but with much less difficulty, as this woman had a much larger and better formed *Pelvis*.

The child was alive; the mother recovered; and the *Placenta*, being loosened in time of operation, followed the delivery.

She continued weak for three or four weeks, and complained of great pains in the *Abdomen* and neighbouring parts; but having had large discharges at first, and being carefully attended, and kept in breathing sweats, the *Lochia* and milk were so promoted, as to prevent, in all appearance, the danger from a violent inflammation of the *Uterus*.

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As this was one of the first difficult cases in which my pupils were allowed to attend, after I began to teach midwifery, I was really afraid, in time of operating, of being foiled, and suffering reproach, for pretending to teach others, while incapable of delivering so strong and so well formed a subject, without being obliged to bring the child by piece-meal with instruments; especially as the woman had told us, that in all her former labours she was commonly delivered before the midwife could come to her assistance.

Although, while I lived in the country, I had been called to many such cases, yet I was never more fatigued. I was not able to raise my arms to my head for a day or two after this delivery; and one of the gentlemen, who was present, being of a delicate constitution, was so much afraid, that he resolved never to venture on the practice of midwifery.

#### C A S E IV.

The right arm and shoulder of the child presenting; the head turned back on the shoulders, to the right side of the *Uterus*, with the feet folded up to the breech, but towards the fore-parts; the woman small, and her belly pendulous; delivered in the year 1753.

The midwife told me, that I had formerly been with the same woman, who recovered slowly



slowly after a tedious labour; that this would prove a more dangerous case, for that the arm of the child came down immediately after the membranes broke, on which there flowed from the womb a large quantity of waters.

She also informed me, that as the hand was without the birth, she had folded it up in the *Vagina*, to keep it warm till I should arrive. The patient was then lying on her left side, across the bed, which was uncommonly high, with a pillow betwixt her knees. I did not sit, nor kneel, but stood, and moved her breech near to the side of the bed; then I brought the hand again down out of the *Vagina*, and told her it was the right, to prevent reflections, if that limb should prove lame after the delivery. I had found such complaints proceed from the midwife's pulling at the arm, and trying to bring along the body in that manner; but this notice being given, the accoucheur could not be blamed for overstraining the limb; and the misfortune would be imputed to pressure, or cold, while the arm lay in that position.

Finding by the arm of the child, that its fore-parts would probably be to the left side of the *Uterus*; and also, that the *Abdomen* of the patient was very pendulous, by its hanging more than usual over the *Pubis*, I perceived

ceived that I could operate with greater ease while she lay on her side, than when lying in a supine position.

I introduced my right hand into the *Vagina*; and in pushing up the shoulder, could distinguish, that although the *Pelvis* was narrow, the child was not large; that the breast was forwards, but towards the left side, the head turned back on the shoulders, to the opposite side. The contraction of the *Uterus* being very great, it would have been impossible to bring down the head to present in the natural way; my endeavours for this purpose would have served only to fatigue the patient and myself with vain labour.

My hand being so far advanced, I pushed it up further and further, along the left side of the *Uterus*, to come at the legs of the child; but the patient's head and shoulders being too high [which position I forgot to alter], this circumstance, joined with the force of the breast and abdominal muscles, in her strainings against me, prevented my hand's going up sufficiently to reach these parts. Being afraid to bring down my right hand from the contracted womb, I slipped my left under her left hip, and, by the help of the assistants, turned her to her knees and elbows.

*Vide Case 5.*



By this method, both the pressure of those parts, and the weight of the child being much abated, the *Abdomen* sunk downwards, though at the same time her thighs and knees kept the belly above the *Pubis*: at last my hand penetrated to the *Fundus Uteri*, took hold of the feet betwixt my fingers, then pulling them down, and pushing up the breast, I, after a good deal of fatigue, brought the legs without the *Os Externum*: I now turned the patient to her back, and with safety delivered both her and the child, although the head stuck some time in the passage, and both force and caution were required to extract it.

#### C A S E V.

The breast and both arms presenting; the fore-parts of the child to the back-part of the *Uterus*; the head delivered according to *Daventer's* method.

In the year 1751, I was called to a labourer's wife. Her midwife, on pretence of being sent for to another, had left her soon after the membranes broke, assuring all present that the child presented properly; and she promised to return in time for the delivery: but on examining, I found both the arms down at the *Os Externum*, and the breast

Breast presenting at the upper part of the *Vagina*.

After every thing necessary was prepared, I had the patient laid across the bed in a supine position, with her breech high and her shoulders low. As the *Pelvis* was large, and the arms of the child small, I, in time of the labour pains, stretched the external parts, and introduced my hand into the *Vagina*, up to the breast of the *Fœtus*: in raising this, and examining the situation, I found the head was cast back above the *Pubis*.

As the breast of the child was towards the *Sacrum*, I pushed up my hand betwixt the *Abdomen* and the back-part of the *Uterus*, and then went higher and higher, in a slow manner; and by intervals stretching the womb, which was strongly contracted. I found the thighs, knees, and legs doubled up to the *Fundus*; but not being able to come at the feet, which were cast forwards on the breech, I hooked my fore-finger into the hams. This purchase not being sufficient, I let go that hold; and at last getting one of the feet betwixt my fingers, I brought that leg down to the *Vagina*. This was not effected without a good deal of fatigue, in pulling down the foot, and pushing up the breast; but not being able to bring down the other, I was obliged to



rest some minutes, to recover the strength of my hand and arm.

Having procured a soft garter from one of the assistants, I formed it into a noose, and tried to introduce and fix the ligature round the ankle of the child; but the foot was too high to admit its being applied properly. I was again obliged to introduce my hand into the *Uterus*, and by pushing up and pulling down, as before, brought the foot without the *Os Externum*; then, with the assistance of the noose, I altered the bad position, by raising the head and breast to the *Fundus Uteri*, bringing down the breech of the child to the lower part of the womb, as in Case 2.

The arms of the *Fætus*, by this movement, returned into the *Uterus*, and afforded more room to bring down the other leg. Having wrapped a cloth round both, and finding, on extracting the thighs and hips, that the belly of the child was towards the *Pubis*, I turned them to the *Sacrum*. As the body came easily along, I did not bring down the arms, neither did I introduce my fingers to the face, to turn the forehead into the cavity of the *Sacrum*; but by pressing down the shoulders of the *Fætus*, brought the *Occiput* out from below the *Pubis*.

The child lay a long time seemingly dead, but at last recovered. In the mean time, one  
of

of the assistants imprudently telling the patient it was dead, she was immediately thrown into convulsions, and with difficulty recovered from instant death, by applying stimulating things to her nose, such as burnt feathers, woollen rags, and spirits; and when she retrieved the use of her senses, the cries of the child contributed greatly to her recovery.

## C A S E VI.

The face of the child presenting, with the chin to the right side of the *Pelvis*; 1728.

The waters, in this case, had been discharged many hours; the head was in the upper part of the *Pelvis*, and did not advance lower, although the pains were strong and frequent; but as the patient grew weaker, and was every now and then attacked with fainting fits, the midwife apprised the friends of the danger, and desired them to send for my assistance.

Having considered every circumstance of the woman's condition, and ordered every thing that was necessary to be in readiness, I had the woman secured in the same position as described in the foregoing case; and in pushing up the face and head with my left hand to the left side of the *Uterus*, found the fore-parts of the child were to the back-part



of the womb; but in tracing farther up, to search for the feet, the strong contraction of the *Uterus*, pressed the head with such force against the muscles of my arm, as to benumb my fingers, and give me so much pain, that I was obliged to withdraw that hand.

The patient's position being altered by her shrinking from me, I brought her breech again to the side of the bed, and desired the assistants to hold her in that situation. Encouraging her by promising to do all in my power to save both the child and herself, I introduced my right hand into the *Uterus*, and delivered nearly with as great force and fatigue as in the above case. As the child, however, was large, I could not bring out the head in that manner, but was obliged to deliver it as in Case 2.

### C A S E VII.

The face presenting, with the forehead above the *Pubis*, and the chin forced down to the concave part of the *Sacrum*.

Being called one morning early, in the year 1750, the midwife informed me, that she had delivered the patient several times; that her labours were soon over, the children always following the rupture of the membranes; that although the head presented in this case also, she was afraid the delivery was obstructed

obstructed by a large excrescence, which she imagined filled up the back-part of the passage.

The waters had come off the day before, and the woman had been in strong labour all night.

When I first examined forwards, and towards the *Pubis*, I was deceived as well as the midwife, by imagining that the child's head presented in the natural way; but in making another trial in time of the next pain, introducing the first finger of my right hand further up, and backwards towards the *Sacrum*, I felt an uncommon soft substance, which I felt all round. At last, with some difficulty, I discovered that it was the face. The cheeks were so much swelled, that the eyes, nose, and mouth seemed as if buried betwixt them, and the chin was backwards toward the left side of the *Pelvis*.

The woman's strength being much exhausted, and the child in danger of being lost in this bad position, I resolved to try either to alter the presentation, or deliver in the preternatural way. Having, as in some of the former case, ordered the patient to be secured, and kept firm in the supine position, I gradually dilated the *Os Externum*, and raised the head above the brim of the *Pelvis*; but the contraction of the *Uterus* was so



great, and that part of the child so slippery, that I could not raise up the face, so as to bring the *Vertex* to present in the natural way.

The patient had made pretty strong efforts in straining down against me during this trial. I now rested a little, to observe if the face of the child would come down lower in the *Pelvis*, so as I might be able to assist the delivery with the forceps; but after waiting some time, and the labour pains being weak, I at last, by using a good deal of force, pushed up the head to the *Fundus Uteri*. The legs were brought down, and the child delivered, as in the former case. The face was livid, and excessively swelled; but these appearances went all off in a few days.

#### C A S E VIII.

The head of the child presenting, with both the arms come down, and the fore-arms appearing without the *Os Externum*.

Being called to a woman in the year 1724, the midwife informed me, that the waters had been coming off for about twenty-four hours; and although she had tried several times to assist the delivery, by pulling at the arms of the child, which were come down before the head, yet the presenting parts stuck so fast in the bones, meaning the *Pelvis*,

*vis*, that she could not bring them lower, and therefore had, as it was a desperate case, sent for my assistance.

On examining, I found both arms come down much swelled, and backwards towards the *Sacrum*, with the head advanced a little, in a conical form, at the fore-part of the *Pelvis*.

Considering these circumstances, observing the patient greatly exhausted with the length of the labour, the pains weak, and being certain that the child was still alive, from the motion every now and then of its little hands and fingers, I resolved to deliver, if possible, in the preternatural method.

Having ordered the woman to be laid across her bed, and secured in the supine position, I introduced my hand into the *Vagina*, and pushed up the child's head to the *Fundus Uteri*, then the arms returned into the womb. After much fatigue, I brought down the feet from the back-part of the *Uterus*, and delivered the infant as in the former case. I did not know, at this time, the method of fixing a noose on the ankles, therefore the operation was the more tedious, in pushing up the body, and pulling down the legs sufficiently without the *Os Externum*, so as to take a proper hold of them with my other hand. In this operation, I was obliged to rest every  
now



now and then, and also to change my hands several times.

The patient recovered: but from the ignorance and imprudence of the midwife, in not sending sooner for assistance, the helpless child lay moaning and crying for many hours before it expired; for, by her pulling at the arms, they were so overstrained and tumefied, as to bring on a mortification of these parts.

### CASE IX.

The head of the child presenting; the *Funis Umbilicalis* fallen down before it, and lying in the *Vagina*. 1746.

In this case I was certain, as well as in the former, that the child was alive, by feeling a strong pulsation in the vessels of the umbilical cord, which lay in several folds at the left side of the *Pelvis*.

The midwife informed me, that she had felt the same motion immediately after the membranes broke; that the head of the child, although a large quantity of waters had been discharged, still kept high; and that being afraid, if the labour was tedious, the child would be lost, she had desired the friends to have recourse to my assistance, more especially as the woman's former labours were commonly tedious, though safe.

As the patient was then lying in bed, on her left side, and kept steady in that position, I introduced my right hand into the *Vagina*, and examining the position of the child's head, found that the *Vertex* presented, with the *Fontanel* to the same side of the *Pelvis*, where the *Funis* was come down. After this enquiry, I pushed up the head, and tried to slip and pass the cord above it, to prevent the pressure and obstruction of the umbilical vessels; but finding, as I pushed up the different folds of the *Funis*, they again returned alternately, and eluded all my endeavours to raise them, so as to remain above the forehead and face of the child, I had recourse to another method; I introduced my hand into the *Uterus*, and delivered in the preternatural way, as described in Cases 6th and 7th of this Collection.

When the head is not uncommonly large, nor the *Pelvis* narrow, this method of delivery seems most advisable to save the life of the child; for, unless a very small part of the *Funis* is come down, it seldom can be slipped up so high as to prevent the pressure of the head, and obstruction of the circulating fluids in the umbilical vessels.



## C A S E X.

The woman's *Pelvis* distorted, the head of the *Fœtus* presenting; but delivered in the preternatural way; the arm dislocated at the shoulder; 1730.

This patient lived at the distance of several miles from my habitation. I had formerly delivered her twice of dead children; her *Pelvis* was very narrow, and distorted at the upper part of the *Sacrum*. She had both times been long in labour, and much exhausted before the friends desired my assistance. The heads of both *Fœtuses* were squeezed down of a great length, and so engaged in the *Pelvis*, that she could not be delivered with the assistance of the fillet in time of the weak pains. As the waters had been long discharged, and the *Uterus* was strongly contracted, it was impossible to push up the heads, so as to apply the fillets to advantage, or to turn the children, so as to deliver them in the preternatural method; but at last, after waiting a considerable time, I had been obliged to open the heads with the scissars, and extract with the assistance of the blunt hook. *Vide Collect. XXXI. Case 8.*

As it required a considerable force to deliver, after the heads were diminished by the large discharge of the contents, I question much,

though I had then known the use of the forceps, if I could have saved them with that instrument; for I can very well remember, although now revising this with other cases in the year 1761, the fatigue that I endured at these two labours.

As a ridiculous opinion prevails amongst the vulgar, that there are certain remedies to procure barrenness, and indeed such described by many of the oldest authors, the woman's husband, and some of their friends, called on me soon after the second delivery, and begged I would prescribe some medicines of that nature. I acknowledged my ignorance of the effects of any such medicines, and desired them not to throw away money in going about to any false pretenders to such secrets; but to send for me at the beginning of labour, if his wife should again prove with child. My advice was taken, and I was called accordingly; but before I arrived, the membranes were broke, and most of the waters discharged.

On examining, I found the head of the child resting above the *Pubis*; not, as in the former cases, forced down into the *Pelvis*. Although it required much force to deliver the body and head in the preternatural way, yet this being smaller than any of the former children, it was happily saved; but I neglected at that time to examine if all the limbs were



were found. The father calling on me about three months after, told me, that although I had brought him a fine girl, yet he had been punished for his desire of not having children, for she had not the power of her left arm. Some weeks after this visit, happening to be in that part of the country, I found the shoulder had been dislocated in time of delivery, and endeavoured in vain to reduce it.

I was again called a fourth time to deliver the same patient. I turned and brought this child the preternatural way; but it being much larger than the last, was lost by my being obliged to tear down the head with the sharp crotchet.

After I settled in *London*, a gentleman who succeeded me in that branch of business, wrote me, that he had delivered the same patient, but that he could not possibly save the child; and that he had been so excessively fatigued in the operation, that he could not help wishing I had still remained in the country, in which case he should not have been called to so desperate a labour.

Since I retired from business to the same country, Mr. *Ingles*, who succeeded the above gentleman, informs me, that he delivered the foresaid woman in her last child, in the same manner I had chosen in the delivery of the two first children.

## C A S E XI.

The head of the child presented; the *Pelvis* of the mother distorted and awry, from the right *Ilium's* being much higher than the other, by which the *Uterus* and *Abdomen* were turned to the left side. 1752.

This woman had been delivered of her first child by another practitioner, who was obliged to open the head of the *Fætus*, and extract it with the assistance of the crotchet.

When she was in labour of her second child, and only gone seven months, I was called, and as the arm presented, delivered and saved the *Fætus*, by bringing down the legs, and extracting the body and head in the preternatural method.

In her next pregnancy, she went on to her full time of reckoning. Being called to her some hours after labour had come on, I found the *Os Uteri* largely open, the membranes broke, and the head of the child presenting. As she was then in bed, and lying on her left side, I had her turned to the right, that the *Uterus* might be more in the middle, and give the *Fætus* a straighter position, to be forced along with the labour pains; but the head did not advance. Considering that the first was lost by waiting for the natural delivery, that the second was saved by the preternatural



natural method, and as this, by the touch of the head felt small, I thought it safer to turn, apprehensive that the patient being weak, and of a consumptive constitution, she would not have strength to force along the head through such a distorted *Pelvis*.

Finding that this position was uneasy to the woman, I had her again turned to her left side; but introducing my right hand into the *Uterus*, and finding the legs of the *Fœtus* to the right side, without being able to reach them in that position, I was obliged, by the aid of the assistants, to place her on her knees and elbows, according to *Daventer's* method. The narrow *Pelvis* cramped the muscles of my arm so much, that with difficulty I got my hand so high as to bring down the legs; then I turned the patient to the supine position.

The woman having been much fatigued, I gave her a cup of warm wine, with ten drops of *Tinct. Thebaic.*; but a flooding coming on, I was obliged to deliver the child immediately; being larger than I expected, it was lost in extracting the head.

The force exerted in turning the child, had disengaged the *Placenta*, which was the occasion of the flooding. The *Pelvis* was so narrow, that although I used all the precautions described in the former cases of this collection,

tion, yet I could not deliver the head so fortunately as in my former attendance on this patient.

As the mother recovered with great difficulty, I was sorry, on reflection, that I had hazarded this method in so weak a patient; I wished I had rather waited the efforts of nature, and if these had proved insufficient, that I had used the forceps, when the head came low down in the *Pelvis*; or at least, if all her efforts had been insufficient to render that assistance practicable, that I had delivered the child as in her first pregnancy.

C A S E XII.

The head of the child delivered according to *Daventer's* method, in a letter from Mr. *Aires*, dated *Boston*, 1749.

The woman was attacked with cholic pains, and convulsion fits. - He was obliged to bring the child footling, from its presenting with the arm: this he easily effected, till it was extracted to the shoulders, where it stuck pretty much, and gave him great trouble in bringing down the arms. Then he tried, with his fingers in the mouth, to deliver the head, by pulling it upwards towards the *Pubis*; but finding a great resistance, and pushing his fingers further up, he found the *Placenta* down in the back-part of the *Pelvis*,



which last being very strait, had forced the head so against the *Pubis*, that it resisted all the force he durst apply. He then introduced a finger between the head and that bone, to disengage it; but it answering no purpose, he seated himself on the floor of the room, and ordering the woman's breech to be brought a little over the side of the bed (she lying in a supine position) he delivered the head by pulling the body of the child downwards. The child was dead, and luckily for the woman, small in size; so that she recovered very well.

C A S E XIII. and Supplement to  
C A S E III.

A case from Dr. *Durban*, in which the arm presented, dated 1750. *Vide* Collection XXIII. No. 2.

I was called to Mrs. S. a well-made woman about thirty-five, who had several children. I found with her two midwives, who acquainted me, that the waters had been come away about eight hours.

Her pains were strong and quick. Upon touching her, I found a hand presenting in the *Vagina*. While endeavouring to distinguish which hand it was, it protruded through the *Os externum* to the elbow. This was the first case that offered to me in this country,

and as I was apprehensive the head might perplex me if I delivered footling, I endeavoured to return the limb, and facilitate the natural delivery of the infant. The limb could be returned into the *Vagina* only, whence it often protruded. The contraction of the *Uterus* was too strong to admit my changing the position of the child, by forcing up. My hands became cramped, I was obliged to quit that attempt: but during these endeavours, I discovered that the shoulder and back presented, with the head lying to the left *Ilium*. After refreshing my woman with cordials of her own, and encouragements, while I rested my hands; I searched for the feet, which were quite up at the *Fundus Uteri*: these I secured between my fingers; and the arm re-entered as I brought them down. When I had them just without the *Os externum*, I wrapped a piece of fine cloth about them, and held them, gently drawing with one hand, while I endeavoured to assist the position of the face, with the other slipped up along the *Sternum*.

I found some considerable resistance push up the hips a little, and give the quarter-turn. I then proceeded, and delivered the infant, with a turn of the *Umbilical* chord about its neck; this I divided instantly, and extracted the *Placenta*. After resting a little while from



her fatigue, my patient was put to bed: the child lived about half an hour.

C A S E XIV. and Supplement to  
C A S E III.

The arm presented, much swelled; and the *Funis* was down. In a letter from Mr. *Mudge, Plymouth, 1747.*

He was sent for to a woman who had been four days in labour, and the waters had passed off three days before. He found her very weak, and her pulse was very much depressed. On touching her, he was very much surprised to find the arm hanging out of the *Os externum*, and the shoulder quite filling the mouth of the *Uterus*; it was extremely swelled, and quite black with the violence it had suffered for three days successively, by the rude pretended assistance of the midwife. The chord came down by the side of the arm, the pulsation of which was evident enough.

He without great difficulty (the pains being luckily absent) pushed up the breast of the child, introduced his arm quite to the elbow into the *Uterus*, before he could come at the feet, which he took hold of. The arm soon went up, and the delivery was accomplished: he wrapped up the child's arm in port wine.

It was a stout boy, and both it and its mother did very well. No labour could have a more unpromising appearance, and yet it turned out very easy; the whole did not last above six minutes.

Mr. *Chapman*, in his Treatise of Midwifery, Page 111, relates a case, in which the arm was taken off: the child was alive, and lived to be a man.

C A S E XV. and a Supplement to  
C A S E IV.

The shoulder presenting, a pendulous belly delivered with difficulty. In a letter from Mr. *Mudge*, dated *Plymouth*, 1749, with an answer, advising in such cases to try *Daventer's* method; and also a paragraph from Dr. *Gordon* in *Glasgow* on the same subject.

He was called to a patient an hour after the membranes were broke. She had some slight pains: but he could not, in examining, reach any part of the child.

After she had been two days in a lingering way, he at last felt some part presenting like the *Nates*. She had not felt the child stir for many hours, and the *Meconium* began to come off: although the pains gradually increased, yet the child did not advance. The patient's strength failing, he laid her



across the bed, and introducing his hand into the *Vagina*, found that the right shoulder presented with part of the arm, not fallen down into the passage, but lying across the *Os Uteri*.

He then insinuated his hand into the *Uterus*, along the belly of the *Fætus*, to search for the feet, and with great difficulty got down the left leg; but could not bring it without the *Os externum*, so as to get a cloth round it, in order to assist the turning. He tried the noose several times; but it would bear no great force without slipping. A flooding coming on from the great force used in trying to bring down the other leg, which with the breech, hung over the *Pubis* from the *Abdomen*, being very pendulous; he changed hands, the right being excessively fatigued, and endeavoured to come at the other foot with his left hand; but it was quite out of his reach, nor could he in the least turn the child at all; though he pushed up the shoulder with great force, while he tried at the same time to pull down the leg, that was in the passage.

All this time the woman was bleeding excessively, and he was afraid every moment that she would die under his hands. He then sent for the largest size forceps, that is used in extracting the stone, and laid hold of the  
leg

leg with them ; but after several fruitless attempts could not move the child. He was almost fatigued to death, and in the greatest anxiety of mind to think he should see his patient die under his hands. He determined to make one final attempt to come at the right leg : he introduced his hand and arm into the *Uterus*, and pushing still higher and higher, he at last got his arm so far till his elbow was in the middle of the *Pelvis*. By which means he had now an opportunity of bending his arm over the *Os Pubis*, and got hold of the foot, which he immediately grasped and brought down to the passage. The buttocks following, he soon delivered the child, which was very large and dead. The *Placenta* was soon delivered : the flooding stopped at once ; and the mother did well.

#### The Answer to the foregoing Letter.

I have had several cases, wherein I have had much the same difficulty, and have been greatly fatigued, before I could bring down the legs ; especially in pendulous bellies, where the legs of the child were to the fore-part of the *Uterus*.

The woman is kept much firmer, when laid in the supine position, and you come at the legs easiest when they are towards the back-part or sides of the *Uterus* ; but when



at the fore-part you find them better, by having the patient lying on her side ; because then you can stand behind, and your arm is not interrupted by the *Pubis* so much, as when in a supine position.

I have also of late found where the belly has been very pendulous, and I could not reach the feet easily in the side position, that by turning the woman to her knees and elbows, I came much readier to the feet, as that position takes off the great pressure of the *Uterus* and child.

This was *Daventer's* method ; and to confirm you in this practice, I send you a paragraph of a letter from Doctor *Gordon* in *Glasgow*, who is my old acquaintance, and senior practitioner in the art of midwifery. I had before that wrote to him, and desired the favour, that he would communicate to me the most material things which he had found in his practice, that might be of use to the public.

The following, I own, has been of use to myself, having oftener used his method since, than formerly, especially where the *Abdomen* is pendulous, as your case was.

He writes, that one of the principal things to be known in midwifery, is the position that the patient is to be placed in, when you want to turn the child and deliver it by the feet,

feet, and that is to place her on her knees and elbows, with her breech raised higher than her head: for you operate much easier with your hand downwards than you can with it upwards, when she is laid on her back; besides the weight of the child assists you, when you push the body back in order to get hold of the feet. He says he always found this the best posture, until the feet are descended to the *Os externum*; when he turns the mother to her back, and delivers her.

C A S E XVI.

A case, in which the chin presented: a practitioner failed both in trying to deliver with the forceps, and to bring the child footling; but another being called, succeeded in the last method. In a letter from Mr. J. dated P. 1749.

He was called in by another practitioner, where the chin had presented. The first had several times tried to deliver with the forceps, and broke the lower-jaw with his fingers. He then essayed to turn and deliver it by the feet, and in endeavouring to bring down one leg with great force, it was pulled off: a flooding coming on, and his strength being quite exhausted, the other was called.

The woman's strength was almost gone. He introduced his hand into the *Uterus*, and  
after



after great fatigue and sweating, he got hold of the other foot, over which he fixed a noose, which he twisted round one hand, while with the other he raised up the head and breast, and got the body delivered.

It stuck at the shoulder, but by giving it a quarter turn, the obstruction was removed, and at last the head was delivered, though not without a good deal of trouble and caution; on account of the largeness of the head, and the bad hold at the broken jaw. The child was dead, and the woman expired in seven or eight minutes from the great flooding.

I wrote him that no doubt the gentleman, since he did not succeed with the forceps, acted right in trying to turn; but then when it required so great force (which undoubtedly brought on the fatal *Hæmorrhage*) it would have been safer for the woman, had he opened the head as it presented, and extracted with the crotchet.

However, it is impossible to judge, except when present, and we are too ready to reflect, after an unlucky case is over, that another method would have been better, though we acted then to the best of our judgment.

CASE XVII. and a Supplement to  
CASE II.

The head presented, the *Pelvis* distorted; the forceps tried in vain, the child delivered footling. In a letter from Dr. G. dated L. 1746. *Vide Collect. XXXV. Cases 21. and 22.*

The woman was about thirty; had been ricketty in her youth, one shoulder was higher than the other; one of the *Os Pubis* was considerably farther protruded than the other.

Before he was called, she had been three days in labour. The mouth of the womb was largely open. The head was well advanced in the *Pelvis*. She had frequent pains; but the head did not advance further. On introducing his hand, he found a great moisture, and withdrawing it, perceived it besmeared with *Meconium*, whence he told the by-standers, that the child was either dead, or very weakly. On inquiry, he was told that there had been no stoppage of urine. The position being such as favoured the use of the forceps, for extracting the child, he introduced it accordingly, not doubting to find an easy delivery, as he had often seen and experienced with the help of that instrument: but contrary to expectation, he could not move it with all his force.

After



After this he withdrew the forceps, and raised the head of the child, on which the urine flowed out to an incredible quantity. Believing the distention of the bladder had hindered the head from advancing, he again tried the forceps, but could not mend the matter. On examining, he found he could introduce his hand without much difficulty: he then turned the child, and extracted it by the feet, after being fatigued almost to death. The woman recovered:

He desired my opinion of the labour, and begged to know if I thought it not always safer in ricketty patients to turn the child.

I wrote to him, that I had oftener than once, in the beginning of my practice, in those cases, brought the child footling, and although I had sometimes succeeded, yet in others, I could have wished after the head was turned up into the *Uterus*, that it were still in its first place; because when the body was delivered, the head stuck so above the *Pelvis*, that it was not possible to save the child; and the parts of the woman were so bruised, that if she did not die, she recovered with great difficulty: that no doubt it was our duty to do all we could, to save the child; but not so as to endanger the woman's life: however, in this case, as he could so easily introduce his hand, I thought it was

3

right

right to try that method to save the child's life.

C A S E XVIII.

From Mr. *Jo. Gibson*, surgeon, in *Harwich*,  
*January 18th, 1755.* A case in which the  
arm presented.

On the twenty-fourth day of last month, I was called at ten o'clock, to a young gentlewoman of a delicate constitution, in labour of her first child.

The midwife had been with her the greater part of the preceding night. She told me, that the waters broke at five in the morning; that the patient had no pains since, except a few slight ones, which were chiefly in her back and loins; that the parts were so tight, she could make no way for the child; but she felt nothing uncommon.

Upon examination, I found the *Os externum* so tight, that I had scarce room to introduce two fingers; but with my first, I felt the arm much swelled, and far advanced in the *Vagina* in a double form, the fore-arm being reflected upwards.

The *Os externum* felt thick, but lax and yielding.

Being satisfied in these particulars, I could with great certainty foretel the difficulty that  
would



would attend the delivery, which I at last surmounted in the following manner.

Finding the patient had not been much fatigued, either by the pains or midwife, I placed her upon her side, with proper assistants to support, and keep her steady in bed.

I first began to lubricate and dilate the parts gently, by which means, in about half an hour, I made room for the admission of my hand, which I introduced in a flattened form to the brim of the *Pelvis*, which I felt narrower than usual, occasioned by the last *Vertebra* of the loins and upper-part of the *Sacrum* being too near the *Ossa Pubis*.

I found also the top of the shoulder of the child entering the brim of the *Pelvis*, the breast towards the *Sacrum*; the head over the *Pubis*, and the feet at the *Fundus Uteri*.

I endeavoured to raise the presenting parts, and bring down the legs; but the dryness and strong contraction of the womb, which together with the pains now acted forcibly against me, soon convinced me that it was impossible, even to move them an inch.

This method not succeeding, I pushed up my hand, by which I stretched the sides of the *Uterus*, and by that means, with great difficulty, reached the feet, which I endeavoured to bring down; but my hand and fingers were now so cramped that I could not move them.

I rested

I rested a while, in which interval the patient was seized with a diliquium, which took off the pains and contraction, so as to give more liberty to take hold of one leg, which I brought down as far as the bending of the knee would allow me; but could not bring down the other.

Having brought out my hand, I placed a noose upon my fingers, and with great difficulty I put it over the ankle; then taking hold of the garter with my external hand, I pulled down with this, and shoved up with that in the womb, and by these means turned the head and shoulder to the *Fundus Uteri*; the leg was brought through the *Os externum*, and the thigh in the *Vagina*.

Having succeeded so far, I withdrew my hand from the womb, and assisted with both externally, pulling from side to side, and giving the proper turns (according to your directions), till the body was extracted as far as the breast.

Finding the body was obstructed in coming farther, by the arm lying across, I brought down that, and then the other, and after the shoulders were come through, I with two fingers in the mouth pulled the chin to one side, and brought it into the *Pelvis*; then turning the patient to her back for more liberty, moved the forehead to the concavity  
of



of the *Sacrum*, and delivered the same with a half round turn upwards.

I tried all the common methods to recover the child ; but to no purpose. The patient enjoyed a good night by the help of an opiate, and is now quite recovered.

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## COLLECTION XXXV.

[*Vide* Vol. I. Book 3. Chap. 4. Sect. 5. No. 1.]

Preternatural cases, wherein the women were delivered by the assistance of the Crotchet.

[*Vide* Anatomical Figures, Tab. 35 and 36.]

### CASE I.

The legs lying double in the *Vagina*, and the knees presenting; the child lost, from the head and breast being engaged in the *Pelvis*. 1723. [*Vide* Collect. XXXII. Case 1.]

A midwife who was attending a woman in the country, finding, as she imagined, after the membranes were broke, that instead of the head, one of the arms was pushed down into the *Vagina*; and acquainting the friends with this circumstance, they immediately sent for me. I found when I examined, that instead of an arm, there were two legs lying double in the *Vagina*, and the knees presenting: at first, indeed, I found but one, which was lower than the other, and I imagined it was an arm, as the child was but small; but going round the *Vagina* with my finger, I felt the other; I distinguished the



knees by their having a more obtuse feel than the elbows; and bringing one of them through the *Os externum*, was much better pleased to find it was a foot. Having placed the woman in a supine position, I brought down the other leg; and having wrapped a cloth round the feet, I pulled the child gently along. As it was one of the first cases of this kind which I had seen, I had not the precaution to introduce my hand to feel, before I brought down the body, whether the head was low down, or up towards the *Fundus*; for after I had brought the breech down to the *Os externum*, and turned the back-part of it from the right side of the *Pelvis* to the *Pubis*, I could not bring the body lower down than to the small of the back. Finding, after reiterated trials, that it would not move farther, I pushed up the fingers of my right hand along the belly of the child, and found the head folded down on the breast at the side, and both squeezed together in the *Pelvis*. I tried to push up the body and my hand further, to raise the head; but the body filling up the *Pelvis*, and the head and breast being squeezed together by the former force in pulling down, I could not, after several trials, alter the position. I was then obliged to pull down the body with greater force, till I found, after repeated trials,

trials, that the *Vertebræ* of the loins were so overstrained, it was impossible to save the child. I then introduced the crotchet up betwixt the head and the breast, and fixed it on the middle of the *Sternum*, as I afterwards observed, pulling the instrument with my right hand, and the body of the child with the left, I endeavoured to extract. Finding the parts tear down, and that the shoulders did not advance, I pushed the crotchet farther up, and got a firm hold above one of the *Clavicles*, which brought down the shoulders, and the head followed with little difficulty, the child being small.

This was a caution to me in the sequel, to examine the position of the head, before I brought the breech into the passage, that I might raise it, so as to prevent any such obstruction.

## C A S E II.

The breech presented, down to the middle of the *Pelvis*; the thighs to the *Pubis*; a narrow *Pelvis*, and this the woman's first child. 1746.

Being called by a midwife in the morning, I was told that the membranes had broke about eleven at night, that the breech presented; and though the pains had been strong, yet it had not advanced in the least for two



or three hours, notwithstanding the efforts of the midwife, who had tried several times, with all her force, to bring it along.

As the woman and the pains were now weaker, I tried, while she lay on her side, to help along the breech, with the assistance of my fingers, introduced to the outside of each groin. This method not succeeding, I pushed up the breech with my right hand, to bring down the legs, which lay extended up the *Fundus Uteri*, towards the left side; but the contraction of the *Uterus* was so great, that although my hand was up at the legs, I could not possibly bring them down, the pressure of the breech, which I could not raise higher than the brim of the *Pelvis*, joined with the narrowness of the same, so pressed and pained the muscles at the fore-part of my arm, that I was obliged to withdraw it two or three times. These attempts proving abortive, I turned her to her knees and elbows, and introduced my left hand, as the most proper when in that position, and the legs to the left side. The breech receded farther, and my arm was not so much confined; but the contraction of the *Uterus* was so great at the *Fundus*, that I could not possibly bring down the legs, although I rested several times, to keep up the strength of my hand and arm; at last they were so fatigued and cramped, that

that I was obliged to desist. Being afraid of tearing the *Uterus* from the *Vagina*, I altered her from this position to her back, keeping her shoulders high, and tried again, in time of a pain, to help the breech along, as at first, but to no purpose. I then had her breech raised with pillows, and her head and shoulders laid lower; then I pushed up my right hand, that was a little recovered from the former fatigue; but failed in this also, after several strong efforts.

I was now so wearied, that I was obliged to rest, and consider what was next to be done. The child, I found by these trials, was large, and the *Pelvis* distorted at the upper part of the *Sacrum*; and indeed the projection of these bones had bruised and hurt the back-part of my hand at the last trial. By these several endeavours, the *Placenta*, I suppose, being partly loosened from the *Uterus*, brought on a discharge of blood, which made me afraid of tracing up again into the *Uterus*. I attempted to bring the child double, with my fingers on the out-side of the hips or groins, in time of the weak pains; but finding this was to no purpose, I introduced the curve of one of the handles of the forceps on the out-side [they were not then altered from crooks to wooden handles, as I now have them], betwixt one of the thighs



and the *Abdomen* of the child. When I found the point sufficiently through betwixt the thighs, I introduced two fingers of my left hand to the groin of the opposite hip; then pulled with that hand, and the blade of the forceps with the other; but still finding this force was not sufficient, I introduced the handle of the other forceps at the other side, and pulled by both with greater and greater force, which moved the breech to the lower part of the *Pelvis*, and the hams below the *Pubis*; but I found, in time of pulling, that one of the handles slipped from the joint on the thigh, which it fractured. I then brought down the legs, and after turning the fore-parts of the *Fætus* to the back-part of the *Uterus*, I brought down the body, and tried to deliver the head as described in the cases of Collect. XXXII. where the legs or breech present; but all these different methods failing, I tried first to deliver the head with the short forceps; but they slipping several times also, I was obliged to take the assistance of the crotchet, in the following manner.

As the body and arms were delivered, and the neck stretched to a considerable length, I directed an assistant to hold up the body of the child towards the *Pubis* and *Abdomen* of the patient, by which means I had more room to introduce the fingers of my left hand up

betwixt the right side of the *Pelvis* and the child's head: even this I was obliged to raise, to come at the *Os Uteri*. I then with my right hand introduced the crotchet along the inside of my left (the point towards my hand), to the head, then turning the point to the *Os Frontis* of the child, which lay to that side, I pushed up the instrument betwixt my fingers and the left temple (which lay toward the right groin), to the upper part of the frontal bones, where I tried to fix the point; but this being a straight crotchet [for I had not then contrived the curved crotchet, which is principally useful in this case], the point did not take sufficient hold, or go sufficiently up to fix in the skull, but slipped two or three times, and only tore down the scalp. I then withdrew the crotchet in a cautious manner.

After having rested a little, I again introduced my left hand in the same manner, but more backwards, and the crotchet along the right temple, above the fore-part of the ear, where at last, with some difficulty, I fixed the point. I now brought down my left hand, took hold of the crotchet with it, laid the body of the child on that arm, and placing the fore and middle fingers of my right hand over the shoulders, and along each side of the neck, I began to pull down the head,



and gradually increased the force. Finding the crotchet had a sufficient hold, and did not slip as before, and that the head did not yet begin to move, I stood up, and pulled the body and crotchet upwards to the *Pubis*, with great force, which brought down the fore-head to the lower part of the *Pelvis*, at the right side of the *Sacrum* and *Os Coccygis*: then turning it more backwards, I delivered the head, by bringing it with a turn upwards from below the *Pubis*, where it turned as upon an axis, and prevented the laceration of the *Perinæum*, and parts below, which at that time were stretched in form of a large tumour.

I examined the child's head, and found the skull was torn open about two inches at the above-mentioned place, and some of the *Cerebrum* had been evacuated in time of pulling; a circumstance which diminished a little the size of the head.

When I was first called, I desired the midwife to allow my pupils to be present; a proposal to which she and the woman assented, but restricted the number to four, on condition that I should deliver her without any other consideration for my trouble.

This case fatigued me so much, that I was scarce able to move my arms to my head next day; and although the weather was not warm, I sweated excessively.

## C A S E III.

The shoulder presented; the *Fætus* delivered by tearing down the body with the crotchet; 1722.

The woman was young and strong. This was her first child; the membranes broke the day before; she had strong pains all night. When I arrived in the morning, I found the shoulders forced down to the lower part of the *Pelvis*.

Having placed her in a supine position, with her breech high, and her head and shoulders low, I was obliged, after dilating the *Os externum* slowly, to use great force before I could raise the shoulder, so as to introduce my hand into the *Uterus*. I found that the left shoulder presented, the head was turned back to the right, and the fore-parts to the back-part of the *Uterus*.

The position being known, I tried to push up my hand to come at the feet, which were folded up to the *Fundus Uteri*, but turned, in operating, to the right side. Finding that I could not possibly reach them with my right hand, which was now beginning to be weary and cramped, I withdrew it, and attempted to introduce my left; but the head was so firmly engaged at the right side, that I could not possibly gain admittance. I again tried with my



my right, and repeated one effort after another, changing hands, and altering the position of the patient, till I was at last excessively fatigued, and obliged to desist. I rested about half an hour, considering what I should do next, and waiting until I should recover the use of my arms.

By these efforts, and the exertion of great force, a considerable flooding was brought on ; and this alarmed me not a little, especially as it was one of my first cases, and I had not yet attained that calm, steady and deliberate method of proceeding, which is to be acquired only by practice and experience. I had over-fatigued myself from a false ambition that inspire the generality of young practitioners, to perform their operations in the most expeditious manner.

Finding I could not reach the legs, I insinuated my right hand up to the left side of the child, and along that introduced a crotchet with my left, above the ribs : there this instrument being firmly fixed, I withdrew my right ; then taking a firm hold of the handle of the crotchet with that hand I pulled down the side, while I pushed up the shoulder with my left. By these means, after repeated trials, and using a good deal of force, the head and shoulders were so raised, that I was able to bring down the body double, and the head followed.

I was

I was glad to find, that although the child came in this manner, and all of a sudden, the woman was not at all lacerated or hurt.

When I examined the child, I found the crotchet had fixed first on the left side of the belly, which it had torn open, as well as the false ribs; so that most of the contents were evacuated, and the body was allowed to pass along double.

One mistake I made at first, fatigued me much before I was aware: my hand had run up on the outside of the membranes.

#### C A S E IV.

The arm, shoulder, ribs and neck pushed down without the *Os externum*. 1730.

The midwife told me, that when she was called the membranes were broke, and the hand lay in the *Vagina*. A gentleman in that neighbourhood had been called, and attempted delivery; but hearing I was sent for, he took horse and rode off, being the same that was concerned in the case described Collect. XXXIV. No. 1. Case 7.

I found the arm, shoulder, neck, and part of the ribs pulled without the *Os externum*. When I enquired of the midwife, if these parts were forced down in that manner by the pain? she said, that before the other practitioner came, the pains had pushed the  
child



child so low, that the arm came out ; but that she had folded it up again into the *Vagina*, and kept it there till he arrived. She owned, that after he had failed in attempting to turn the child, she assisted him in pulling at the arm with great force, but could not bring the body farther ; and when he proposed taking off the arm, the woman desired I might first be called.

I then, with the midwife, inspected the parts, because I could find no fundament, and shewed her that the *Vagina* and *Rectum* were tore into one.

The arm, though not much swelled, was livid, as well as the other parts of the *Fætus*, that appeared externally ; for it had lain in that manner three or four hours at least, from the time I was sent for.

I never expose the parts of my patients, except on such extraordinary occasions, when it is necessary to observe whether any harm has been done.

After I had endeavoured, without success, to push up these parts into the *Uterus*, first by placing the woman in the supine position, and afterwards on her knees and elbows, I was obliged to introduce the crotchet, and deliver the child in the same manner as directed in the former case.

The

The parts were much inflamed; but by the application of bread and milk poultices, the swelling subsided, the lacerated parts digested, and she with difficulty recovered.

About two months after her delivery, being in that part of the country, I called at her house; and, contrary to what I had observed in all other cases of such large lacerations, in which the parts are commonly so weak as not to be able to retain the *Fæces*, the parts in her were so contracted, and the passage was become so narrow, that she voided them with great difficulty. *Vide Collect. XL.*

#### C A S E V.

The arm protruded, and swelled; the arm and one of the legs pulled off; the body and the head delivered with the crotchet. 1748.

The midwife called on me, and begged I would prescribe some medicine to promote the delivery of a woman whom she had attended two days; she said the membranes had broke soon after she went thither; and one of the arms coming down, was pushed without the parts; but she had kept it warm. I told her, the woman should have then been delivered, and no medicine could do any service.



In about two hours, I was sent for ; and found the fore-arm without the *Os externum*, much swelled. The woman was little, not young, and this the first child. I tried several times to push up the arm and shoulder of the *Fœtus*, but was prevented by the largeness of the arm, and smallness of the *Pelvis*. I attempted to bend the arm [which was the right], so as to fold it up into the *Vagina*, that I might push it up before my hand ; but the swelling was so great at the elbow, that I could not bend it. I then pulled and twisted round the arm, and endeavoured to separate it from the shoulder, but could not with all my force. I pushed up the fingers of my left hand to the arm-pit, and tried to snip through the skin and ligament ; but it lay so high, and was thrown so much forwards by the distorted parts at the brim of the *Pelvis*, that I could not get up my fingers or scissors sufficiently to that part. I wrapped the fore-arm in a cloth, and pulled and twisted it with great force, so that at last it separated at the elbow. I was sorry for this incident, apprehending there was less hope of pulling off the arm, when the firm hold of the fore-arm was lost ; however, contrary to expectation, I found the same advantage as if it had been pulled from the shoulder ; for the arm being short, easily folded up in the *Vagina*, to the

side

side of the *Fœtus*. I now gave both the woman and myself some respite, that we might recover from fatigue. Having resumed my labour, the arm and shoulder were pushed up into the *Uterus*. Then I felt at leisure the position of the child. The head folded back betwixt the shoulders, above the *Pubis*; the left arm and leg lying over the breast, and to the side and back-part of the *Uterus*. I now repeated my efforts, and by pushing up higher, got a firm hold of that foot betwixt two of my fingers; pulling down this, and pushing up the breast, I brought the leg down without the *Os externum*. Having wrapped it in a cloth, and taken a firm hold with my right hand, I pushed up my left, to try to bring in the right hip, which lay over the *Pubis*; but found it impracticable to reach so high, on account of the narrowness of the *Pelvis*. Endeavouring to pull the left leg and thigh, so as to bring the hips lower, after reiterated efforts, and increasing the force every time, instead of bringing the body lower, I pulled the thigh from the hip. I was obliged to rest again, to recover from this second fatigue. I again introduced my right hand into the *Uterus*, and with great difficulty brought down the right leg; but the *Pelvis* being too narrow to allow passage for the body, which was large, I had recourse to the crotchet, with  
which



which I tore open the belly. I was obliged to use the same method in tearing open the breast, to bring down the shoulders and the arms; and afterwards to rest a considerable time, to recover my strength, which was almost exhausted, before I attempted to deliver the head, which I was certain would require still a greater force. Finding the face and forehead were to the left side, and a little forwards towards the left groin, after getting an assistant to hold up the body of the child, I insinuated my right hand at the left side of the *Sacrum*, and introduced a crotchet in the same cautious manner as described in the second case of this collection, along at the left side of the bones that were distorted, and formed a large hollow at that part, which allowed room for the instrument to pass easily. Having now altered my crotchet from the straight to the curved form, the point went higher up, and fixed near the *Vertex*. Bringing down my right hand, I pulled gently at first, till I found it was firmly fixed; I then began to extract with greater force, while at the same time I pulled the body with my other hand. By reiterating these efforts, I got the head at last delivered, but not before I changed hands, and was obliged to pull the crotchet with my left, which brought the forehead from the left groin, backward to the side of the *Sacrum*.

The

The crotchet had tore all the left *Bregma* down to the temple; a laceration which allowed a large part of the *Cerebrum* to evacuate, and the bones of the *Cranium* to collapse. The great force used in turning the *Fætus* had brought on a flooding, which diminished on the delivery of the child and *Placenta*; part of the last, however, adhered so firmly to the right side of the *Fundus Uteri*, that I was obliged to separate it with the fingers of my left hand. As the woman complained of great pain, and her pulse was a little sunk from the large discharge, I ordered an anodyne mixture, with twenty drops of *Laud. Liq.* and half an ounce of *Syr. e Meco-*  
*nio*, which had the desired effect, by procuring rest, and a plentiful perspiration; and although the weakness and pains continued for many days, yet she recovered.

About two years after I was again sent for; but being engaged, another gentleman was called, who told me that he was obliged to open the head, and was vastly fatigued in extracting both it and the body: this violence threw the woman into a violent fever that destroyed her.

Probably the losing so much blood when I delivered her, might prevent the inflammation and fever.



This case so fatigued me, that I was obliged to shift, and go to bed after I was carried home in a chair. My hands were so swelled that I could only use my fingers like a gouty person, for a day or two.

### C A S E VI.

Both arms pulled without the *Os Externum*:  
the breast to the lower prrt of the *Pelvis*.  
The Case happened 1734.

There had been two midwives with this woman for two days, one of those was her mother. Both arms had been down most of that time, and these they had often pulled to bring the child as it presented.

I found both arms pretty much swelled, and one was almost pulled from the shoulder; for it only hung by part of the skin, which I snipped off with my scissars.

I inspected the part, and found the remaining arm and parts of the woman livid, but not tore.

The patient was then flooding, and had lost a great deal of blood, from which, joined with a long fatigue of labour, her strength was so exhausted, that she appeared in a dying condition.

I suggested my apprehension to the husband and friends, who begged me, if possible, to deliver her before she expired.

Contrary

Contrary to my expectation, although the breast was pulled low down, I easily pushed it and the arm up into the *Uterus*; and brought the child footling.

I had no hopes of her recovery, altho' she seemed to revive a little, from the joy of being delivered; because I was pretty certain that a mortification was begun, from the livid appearance of the external parts; and her complaining of no pain, when I introduced my hand into the *Vagina* and *Uterus*.

The *Placenta* was all detached, and lying loose in the *Uterus*. This was not her first child. I was called in the evening, and she lived till next morning.

### C A S E VII.

Both arms presented: the child delivered piece-meal; the *Pelvis* small, and the child large; 1730.

One of the arms had descended, and been so pulled by the midwife, that the shoulder was down to the *Os Externum*.

I tried to raise the shoulder by passing up along the arm which was excessively swelled and livid, it having been down in that position above four and twenty hours; but I could not introduce my hand. Considering that the child was probably dead from its being so long in that situation, and its not



being felt to move by the mother for many hours, I thought it was most expedient to separate the arm from the shoulder. This last being low down, I guided the points of the scissars to it, and easily separated the arm; partly by cutting the skin and ligaments, and partly by pulling and twisting.

In pushing up the shoulder into the *Uterus*, I found that the *Pelvis* was small and the child large. I brought down only one of the legs, which was pulled off as in Case 5. then with great labour I brought down the other, which gave way also by the force of pulling.

I was afterwards obliged to tear down the body with the crotchet, and even to fix the same instrument on the head.

Being the straight kind, it slipped several times, and hurt the inside of my left hand in two places, while I guided the point from hurting the *Vagina* of the patient. At last, gaining a firmer hold above the ear, I fixed the fingers of my left hand over the shoulders, and pulled with great force, both at the body and crotchet. Finding it did not move, I wrapped a cloth round the shoulders, and pulled at them with so great force, as almost to separate the head. By these means, the head was brought a little lower; yet not daring to exert again such violence at the body,  
I pulled

I pulled by the crotchet, which brought the head down to the *Os Externum*; and in raising the body and pulling it upwards, it at last separated.

The head however being brought low, I took hold of the under-jaw, and pulling at that, while I exerted more force at the crotchet, the head was also delivered.

The woman behaved with great courage, although she had been much fatigued, and weakened by a flooding brought on by the great force that I was obliged to exert in turning the *Fætus*. This woman also recovered, contrary to every body's expectation.

### C A S E VIII.

The breast, neck, and chin presenting; the woman died before the *Os Uteri* could be sufficiently dilated to deliver the child; 1753.

The midwife told me, that when she was called, the membranes were broke, and although the mouth of the womb was very little open, she found that the child did not present fair.

A gentleman was sent for, but he being otherwise engaged, could not attend. Mr. *Smith* was then sent for at six; and finding that the pains, which were frequent, and strong, could not push down the presenting



parts to open the *Os Uteri*, he tried to stretch it; but not being able to dilate more than to introduce two fingers, and a flooding coming on, he sent for Mr. *Mackenzie*, who then attended me as senior pupil.

He likewise tried to dilate; and finding, although the *Os Uteri* yielded considerably, he could not possibly introduce his hand, he desired I would come about seven.

He told me, that the *Funis* was fallen down into the *Vagina*, and that he had not felt any pulsation in it; that he had dilated the *Os Uteri* considerably; but that his hands being cramped and fatigued, he was obliged to desist.

I felt the woman's pulse, which was still pretty good, and not much sunk. Considering that the pains were now weak, and could do little service in pushing down the child to stretch the *Os Uteri*; being also afraid that the woman would grow weaker and weaker, and having never before failed in stretching the *Os Uteri* in women that had children before, which was her case; I resolved to attempt it without delay.

I examined in the side position; but as that and the supine had been tried before, I had her placed on her knees and elbows, and found that the mouth of the womb was so largely opened, as to receive all my fingers up to the middle of the third joint; but I

could not stretch it so as to introduce my hand.

I then rested, and felt more exactly the position of the child. The breast and neck presented, and the chin was to the right *Ilium*. I then considered, that if I could bring in the face, and keep up the woman's strength, the pains might return, and force them down gradually, dilating the *Os Internum* at the same time.

For this purpose, I had her changed to the supine position; and introducing the fingers of my left hand, with great difficulty got two of them above the chin into the mouth, and tried to pull it from the side into the middle of the *Pelvis*; but the neck and breast were so engaged in the middle, and the head pressed back on the shoulders, that I could not possibly alter the position.

Being now certain that the child was dead, I introduced a crotchet covered with the sheath along the inside of my left hand, and fixed it when unsheathed in the under-jaw. Finding, however, that it would tear down the jaw, and not bring in the face, I withdrew the instrument.

The *Funis* all this time was a great interruption by falling down, and intangling my fingers. I again gave the woman some respite, especially as she was now growing a little faint, and the flooding, which had abated, was returned.



After she was recruited, I tried again to dilate the *Os Uteri*, having found in other cases, that it dilated easily when the patients were faint and weak; but found the same difficulty as before.

I once more endeavoured to introduce the crotchet at the other side, to come at the shoulder, in order to try if the pulling down of the parts would stretch the *Os Uteri* better than pushing up.

I was apprehensive of using any greater force by pushing up, lest I should tear the *Uterus* from the *Vagina*: but finding that I could not fix the crotchet to advantage, I again withdrew it.

All this time the *Os Uteri* felt as if it was two inches thick. The woman being much exhausted, I had her laid in an easier position, and let her lie a considerable time, both to recruit her spirits, and to see if the pains would return. In the mean time, I sent for Mr. *Burnet*, who was first called, who being now disengaged, came immediately. He also endeavoured to introduce his hand: but finding it impossible, we all agreed to desist, and to wait, as the flooding was abated. For, although she had lost a good deal of blood, yet it had been very gradually discharged.

Our intention was to support her with broths and nourishing things, and as she inclined

clined to sleep, to indulge her with some repose. Meanwhile we went to breakfast at a coffee-house, where we proposed to wait the issue of this uncommon case. I resolved, if happily she should recruit after some rest, and recover from the low faintish state in which we left her, to try again in a gentle manner to stretch the *Os Uteri*; and if that did not succeed, to dilate it with the scissars, as in the 10th and 16th Cases of this Collection.

In about half an hour, one of the pupils being sent to see how the patient rested, was met by the husband coming in great hurry, to acquaint us that his wife was fallen into convulsions. Before we reached the house she had expired; a circumstance which surprised us not a little. I indeed was in hope when we left her, that she would have enjoyed some sleep, which might have recruited her strength; and then the *Os Uteri* would probably have yielded, as I had found in the like cases before. I had even in a few cases known the *Os Uteri* tear, and the patient recover.

Rather than let the woman expire without any chance of being delivered, I had determined to dilate the *Os Internum*. This expedient, however, I think should never be attempted, but in the last extremity.

I reflected after this sudden change, as the flooding was not violent, and the woman at



first not so very weak, whether it would not have been better practice to have waited longer for the efforts of nature, to open the parts.

This case ought to be made a caution to all practitioners, to wait the efforts of nature, and not to use too great violence in stretching the *Os Uteri*, especially when the patient is not in absolute danger.

On the other hand, if these efforts had not been made till the woman was weak, I should have thought we were too long in assisting; especially as I never met with a case of this kind before, where I did not deliver the patient.

The membranes had broke the evening before; and the midwife, by an uncommon feel of the parts that presented, suspected that the *Fœtus* presented wrong.

Mr. *Burnet*, who had the care of the poor of the parish, when called, was not at home, She was in strong labour most of the night, but had not force to push down the child in that double position to open the *Os Internum*. When the first pupil arrived at six, the pains became weaker, and a small flooding had begun.

All these circumstances considered, seemed to indicate the practice we followed, preferable to delay, especially as we did not expect  
that

that the patient would have been carried off in so sudden a manner.

C A S E IX.

The face presenting: the child brought foot-ling: the *Abdomen* swelled, opened with the scissars; the hips pulled from the body, and this last delivered with the crotchet. 1749.

This case happened to one of the poor women, whom all my pupils were allowed to attend. One of them delivered her of one child, and my midwife finding that there was a second presenting wrong, immediately sent for me. The membranes of the second had broke immediately after the first was delivered.

Finding the face presented, and having put the patient in a supine posture, I allowed all present to examine the position.

Then, as the waters were not all gone, I very easily turned the head up to the *Fundus*, and brought down the legs.

I observed, that the child had been dead many days, from the circumstances of the legs being livid, and most of the scarf skin stripped off. A cloth being wrapped round the legs, I tried to pull down the hips; but could not bring them farther than the brim of the *Pelvis*. I introduced my right hand  
betwixt



betwixt the *Sacrum* and thighs, and found that the obstruction proceeded from the *Abdomen's* being excessively swelled, and turned to the back part of the *Uterus*. I again pulled the legs with greater force; but began to be afraid they would separate from the body. I introduced the fingers of my left hand to the swelled *Abdomen*, and along that the scissars with my right, and pushed them into the *Abdomen* of the *Fætus*, just above its *Pubis*. Withdrawing the scissars, I introduced two fingers into the opening, and pulling there with my fingers, while I grasped the legs with my other hand, tried to bring down the body; but being obliged to increase the force, all of a sudden and unexpectedly the hips separated from the body at the loins.

Having now no hold to pull by, I introduced my left hand into the *Uterus*, and along that the crotchet with the right: fixing this instrument on the ribs, I began to pull; but the hold gave way. I made several attempts in the same manner, fixing the crotchet higher and higher, and in different places; but as often the parts tore down, though the body did not move.

I endeavoured to keep it firm with my left hand, while I fixed the crotchet with my right; yet the body was so slippery, that it could not be held firm.

My

My being obliged to bring out my left hand, as often as the hold gave way, with the crotchet, to guard its hurting the patient or my hand, fatigued me so much that I was obliged to rest two or three times. At last, tracing up with my hand farther than before, I again introduced the crotchet, and got a firm hold above the shoulder; then bringing my hand lower down, I took hold of the *Vertebra* of the back. By these holds I brought down the body, and the head followed easily, as the child was not large.

I have had some cases of the same kind since, in which the delivery was retarded by the tumefaction of the *Abdomen*; but I pulled at the legs with more caution, for fear of the same accident, and brought down the body with the blunt hook, or crotchet.

#### C A S E X.

The face presented; the woman exhausted by floodings; the *Os Uteri* snipped with the scissars; and the child brought footling: 1744.

The midwife informed me, that she was called about two in the morning, and found the woman in labour, with a small degree of flooding; but that it grew more violent, as the pains increased.

She



She signified to the friends, that the patient was in great danger, and about eleven in the forenoon I was called : the membranes were broke, and the discharge diminished. In time of pain I examined, and found the face of the child presented. The *Os Uteri* was open about the circumference of half a crown : it felt rigid, but very thin.

This was her first child, and labour had come on two months before her full time.

Her pulse was low and weak : she had fainted several times ; but seemed to recruit a little, when told that more assistance was called, and begged earnestly to be relieved.

I ordered her to take every now and then a little red wine burnt ; and waited to see if the pains would return as she recovered strength.

I also prescribed an anodyne and astringent mixture of *Tinct. Rosar. ℥iv. Aq. Nucis Moschat. ʒiſs Laud. Liq. Gt. x. Syr. e Mecon. ʒſs.* two spoonfuls to be taken every half hour.

I was again called about two hours after, and informed that although she lay quiet, yet she had enjoyed no sleep ; and that the faintings had returned.

As she seemed to be in imminent danger, I tried, as she lay on her side, to stretch the *Os Uteri*, and my efforts seemed to bring on a weak pain ; but finding this had no effect,  
I gradually

I gradually dilated the *Os Externum*, till I could introduce my hand into the *Vagina*, and then began to stretch to the *Os Internum* with the fingers of my left hand contracted in a conical form; but altho' the *Os Uteri* was so dilated as to receive my thumb and four fingers, and felt as thin as the edge of a piece of parchment doubled, I could not stretch it wider, even altho' I proceeded in a slow manner and at intervals. Finding the flooding return, and being afraid she would be lost if not soon delivered, I told her friends, this was the only chance she had of being saved. I went to work again, and used greater force than before; but to as little purpose: I could do nothing but cramp and weary the fingers of both hands.

While I rested, I began to reflect that I had known some of my patients recover in cases, where the *Uterus* tore in stretching, and that some of them had even recovered without any unfavourable symptom following. As this therefore felt so thin and rigid, I found no way could be taken but to make an incision on the *Os Uteri*. For this purpose I insinuated two fingers of my left hand into it, and with my right introduced a pair of scissars betwixt the fingers. With these I endeavoured to snip the part; but finding I could not manage so as to cut through the edge,



edge, I pushed one of the points within three or four lines of the edge, and the other on the inside, and snipped through that part which was at the left side; but a little forwards, to prevent the laceration that happened afterwards, from affecting the bladder, *Rectum*, and large vessels at the side of the *Uterus*.

Withdrawing the scissars, I introduced my left hand, and found the snipped part gradually give way so much as to admit my hand, though slowly, and with some difficulty into the *Uterus*, where I easily turned and delivered the child by the feet. The child however was dead.

Although there was a pretty large discharge, yet it gradually abated after the *Placenta* was delivered. She continued in a weak faintly condition till the evening, when she fell into little slumbers; but was attacked every now and then with cold and hot fits. I had given her several times a little of the anodyne mixture; also some burnt wine and chicken broth to support her, and recruit the exhausted fluids.

Next day, as the cold shivering returned once in three or four hours, I ordered some extract of the *Cortex* to be dissolved in red wine, and given betwixt the shiverings. The discharge was moderate; but nature  
being

being so much exhausted, she died the fourth day.

[*Vide* Case 8th and 16th of this Collection; also Case 28th of Collect. XXXI and likewise XXXIII. No. 2. Case 9. and Case 8th of Collect. XL.]

# C A S E XI.

The head presented; the child large, and brought footling; but the body almost separated from the head before this last was delivered. 1733.

I was called in the evening, to a woman near forty, in labour of her first child.

The midwife informed me, that she had attended the patient two days; that the pains had been strong since morning, and after the waters came off; but that the head lay high, and did not advance.

I understood by other accounts, that the woman had been put too soon on labour, and was much fatigued. I felt both the *Os internum* and *externum* largely open, by the midwife's having, as she said, worked hard to bring down the child, whose head lay above the brim of the *Pelvis*.

The woman being much fatigued with fruitless pains, that were much abated, I had her put to bed, to try if she could enjoy some rest; and desired her not to force down, but when the pains obliged her. As she was



costive, her pulse full, and quicker than usual, and her skin hot and dry, she was immediately blooded, and procured plentiful passage with a clyster. She enjoyed several refreshing sleeps betwixt the pains, till morning, when the pains grew stronger, but still had little effect in advancing the head.

The pains again falling off, I was apprehensive, that if I waited longer, the woman might soon be in danger; and not imagining that the child was so large, I thought it was better to try and deliver it by the feet. It required a great force to turn the child, so as to bring down the legs, and even, after that, to deliver the body and arms; so that I was obliged to rest several times. I afterwards used all the caution imaginable to bring down the head, so as to save the infant; but at last was obliged to increase the force to deliver the woman, and pay less regard to the child. By these last violent efforts, both the under-jaw and neck began to separate. I was obliged to desist, as I found that one of the joints of the neck was entirely separated, and that only about one half of the skin of it remained untore. I thought it would be easier to fix the crotchet on the head now, than when separated from the body; for, although the hold at the neck was slender, yet it kept the head steady. I directed

an assistant to hold up the body of the child, while I introduced my left hand along betwixt the right side of the *Vagina*, as the woman lay supine. Then I introduced the crotchet, and delivered the head, though not without a good deal of force, and difficulty in fixing the crotchet, which was the straight kind.

Even if I had at this time known the use of the forceps, they would have been of no service in this case; because the head was so large, and so little advanced in the *Pelvis*. The fault was in not waiting longer; for I have had many cases since, where waiting patiently, the head was advanced, and been delivered with the pains, or with the forceps. The *Pelvis* was not narrow.

## C A S E XII.

The head presented; the *Pelvis* distorted; the child turned, and delivered by the feet. 1746.

This woman was remarkably tall, and to outward appearance well formed for bearing children; but on enquiry after delivery, I found that she had been sickly and weak for the first four or five years of her infancy.

I was called to her, when she had been long in labour of her first child, and was obliged to diminish the head before I could



deliver. I was called sooner when she was in labour of her second; and although the head presented, I tried to save this child, by bringing it footling. The body passed with difficulty, from the projection of the last *Vertebra* of the loins, with the *Os Sacrum*. After I had brought down the body, I endeavoured, before the arms came down, to move along the head, first by pressing down the shoulders as she lay in the supine position; then I attempted to bring down the forehead, by pushing upwards: finding, however, that the forehead rested against the distorted part, I tried with my fingers to press it to the side; but, the arms filling up the parts at the sides of the *Pelvis*, by the brim, I was obliged to bring down both arms, in order to obtain more room. After having pushed the forehead to the right side, which seemed to be the widest, I introduced my fingers into the mouth, and began, as in the former case, to pull in a cautious manner; but finding it did not move downwards, I exerted more and more force, till I found the neck giving way, and it was impossible to save the child. I was then obliged to introduce the curved crotchet, which was the first time that I had occasion to use it in such cases, since altered from the straight; and found it particularly useful on the occasion; for, instead of fix-  
ing

ing on the side of the head, it went up to the *sagittal suture*, which it tore open, and making a large aperture, it had a firm hold on the bones of the forehead; by these means the *Cerebrum* was sooner evacuated, the head collapsed, and was easily delivered.

I was called again in her third labour; and, as the head presented, proceeded in the delivery with all the precautions mentioned in lingering or laborious cases, till she was almost exhausted; but after all, was at last obliged to deliver as in her first labour.

The children were all large. In her fourth pregnancy, she was luckily taken in the seventh month, in labour, in consequence of a looseness and super-purgation, occasioned by eating too much fruit. This child, though the head passed with difficulty, was delivered alive; and she has not been pregnant since.

[*Vide Case penult. of Collect. XXXIV. also the former of this.*]

C A S E XIII. and a Supplement to  
C A S E I.

Sent for by Mr. H. in G— Street, 1749, to a young woman in labour of her first child; a narrow *Pelvis*; the body delivered.

Mr. H. was called about two or three in the morning, and found a leg of the child presenting; but when he tried to bring down



the body of the child, he found that it was large, and the *Pelvis* narrow. He sent immediately for Mr. *W.* in *Bishopsgate-street*, who brought down the body, but could not deliver the head; neither did they chuse to use great force, for fear of separating the body. Besides, Mr. *H—* did not chuse to begin the practice so soon, being a stranger; and Mr. *W.* was just come off a long journey, very much fatigued.

I being called, arrived about eight o'clock, and took two gentlemen along with me. Both Mr. *H—* and Mr. *W—* had attended me about eight years before. I was glad when I found there was no flooding, and that the woman was strong, and no way sunk or wore out with the labour.

I had her laid across the bed, her breech a little over the side, and two of the gentlemen supported her legs; one of them also supported her body, till I introduced my right hand into the *Vagina*.

I found the face lay backwards a little to the left side of the *Pelvis*. I felt the lower *Vertebra* of the loins, and upper part of the *Os Sacrum*, jet in so much, that it was impossible to deliver the head, without diminishing its bulk. As we were certain, from the umbilical chord, that the child was dead, it was in vain to fatigue the woman and ourselves,

ourselves, by attempting to bring it away entire.

I pushed up the ends of my fingers, that were already in the *Vagina*, passed the *Os internum*, but with difficulty, it being strongly contracted round the lower-part of the head; and by the largeness of the head, and narrowness of the *Pelvis*, they were very much squeezed. I endeavoured to raise the head higher, to make more room, but could not, although I used a good deal of force. Then taking the handle of the crotchet in my left hand, I introduced it with the point next the child's head; but at first trial could not get it to pass my fingers: I withdrew them to make more room; but the *Os internum* contracted again so close to the head, that I could not get the end of the crotchet to pass. I again tried to force up the head with all my strength, and with great difficulty raised it a little higher; a circumstance which affording more room, the crotchet passed the *Os internum*, but not without bruising my fingers; and the point slipped a little to one side: this I again turned to the head. As I withdrew my fingers, the point slipped up easier, and I felt it slide along to the crown of the head.

I then brought down my right hand, and taking hold of the handle of the crotchet, used the same precautions as mentioned in



Case 2. and delivered in the same manner, by fixing the point firmly, and turning the curved part of the crotchet over the forehead.

By pulling, the head was opened in the same manner, and delivered, but not without a great deal of force: the external parts of the woman were much swelled, but she was not tore.

Mr. *H*— called three or four days after, and told me, the surface of the *Labia* was grown black and livid; but I heard afterwards, that by applying poultices and fomentations, the inflammation went off, and the woman recovered.

Mr. *H*. informed me, that he believed Mr. *W*. was not so much fatigued, as afraid of leaving the head behind in the *Uterus*; a case of that kind having happened some time before, in which the patient was lost.

### C A S E XIII. or Collect. XXX.

### C A S E VI.

From the Medical Essays of *Edinburgh*, Volume IV. Art 33.

Coagulated blood extravasated upon the *Uterus*; thickness of the womb in a laborious birth, by Mr. *John Paisley* surgeon in *Glasgow*.

Authors have differed very much as to the thickness or thinness of the *Uterus* of a woman

woman with child; some with *Mauriceau* and *Dionis*, asserting that it turns always thinner as it extends, whilst others, I may say almost all anatomists, affirm; that it turns thicker as the woman advances in her pregnancy, and draws nearer to the time of her labour: or, to speak more properly, that in the several stages, the thickness of the sides of the womb keeps the same proportion to its cavity as in a natural state, the *Sinuses* and vessels being proportionably enlarged as the *Uterus* is extended. I say, this having occasioned some disputes among anatomists, I thought proper to send you the following history of a woman who died in child-labour, where I had an opportunity of examining the thickness of it, and at the same time, of discovering a fatal mistake in the midwife who attended her, who, by delaying to call for assistance in due time, was the unhappy occasion of the death both of mother and child.

Upon the 19th of *June* 1730, I was called to a woman in labour, about a middle age, of a low stature, and pretty fat, who had born several children; and found her in an exceeding low condition, with cold sweats, and severe faintings, her extremities cold, without any pulse, and unable to utter one word, though she shewed some signs of being desirous to speak with me. The midwife



wife that attended her had gone off upon my being sent for, and left a young practitioner whom she was training up in that business, who gave me the following account of the poor woman's case; *viz.* That she had been several days in labour; and that all along the midwife imagined affairs were in a very good way, and the child, as she thought, in a very right posture, though after the waters broke, the child's head had never advanced by the strongest pains. Hence the midwife either blamed the mother for not bearing down strong enough when the pains came upon her, or else pretended that the pains were too faint and languid; and as there was no flooding, she never apprehended any danger, and therefore cheered up the mother and friends with the hopes of a good issue by a little patience; and as she had a good deal of other business upon her hands, she frequently left the poor woman for half a day together, and upon her return still found all things in the same situation she left them in.

From the first day the woman was taken with her pains, she scarce made one drop of water; wherefore, on the fifth, the midwife suspecting that to be the cause of the birth's being retarded, sent to an apothecary's shop for a strong stimulating diuretic mixture, to increase her pains and provoke urine, being

ing assured all things were right, only the pains were too faint, as no doubt they were, when the woman had been so long fatigued with her labour. This having no effect, a stronger one was called for, which proved likewise unsuccessful, and all things continued in the same state, only that the woman's strength was continually decaying, till the sixth day at midnight, when I was sent for, and found her in the situation above mentioned. It is evident, that when matters were brought to this pass, the poor woman had not so much strength left her as to bear the fatigue of being put into a posture for being delivered, and that it was impossible to afford her relief. I acquainted the friends with it, assuring them that it would be madness to attempt it in these circumstances, being persuaded she could not live above a quarter of an hour, which accordingly happened, she dying in a few minutes. Next day I prevailed with the friends to have her opened, and after I had cut the teguments, and laid them back, I was surprised to meet with a black membranous body, like coagulated blood (which it in reality was), covering all the fore-part of the *Uterus*, though distended so much with the child: this I easily separated in one cake from the *Uterus*, and when it was spread upon the table, it

was



was about a foot and quarter long, and a foot wide; and a quarter of an inch thick. Whether this proceeded from the oozing out of blood from the substance of the *Uterus*, by the strong pressure when the pains were violent, or from the rupture of some small vessels, either of the *Uterus*, or some other part of the *Abdomen*, I do not determine, for I could not observe the least appearance of any ruptured vessels in either, after the most accurate search I could make; nor was there one drop of blood in any other part of the cavity of the *Abdomen*. I know not if this is a thing that is always observed in such cases, having had no opportunity before that time, or since, to examine any such subject; though no doubt it is a thing may readily happen in very laborious births; and then it is no wonder if violent after-pains, fever, inflammations, and their consequences, follow; for in such a bad habit of body as women in these circumstances are generally allowed to be in, it is scarce to be supposed that coagulated blood can easily be dissolved, and again absorbed by the vessels, in so large a cavity as that of the *Abdomen*; wherefore by its stagnation and putrefaction it may bring on a train of bad symptoms; the cause of which lying entirely out of the physician's power to know, it need be no surprise though he fail in his attempt to remove them:

and

and I do not know but this may be one of the chief causes of those many disorders and frequent deaths that happen after very violent and laborious births; though there are many other causes well enough known which are capable of producing such like effects.

This phænomenon being what had never occurred to me either in reading or practice, I thought it would not be unuseful to acquaint the world therewith, to prompt those of greater abilities, or who have more leisure and more opportunities of meeting with proper objects, to enquire if such a case often happens; how far the causes hinted are just; or what other causes may probably be assigned for it; what sign it may be discovered by; what method of cure might be proper in such a case; and the like.

When I had removed this coagulated blood, I observed a large sack or bag full of water lying along the sides of the *Uterus*, above the intestines, and reaching as high as the kidney of the right side. Upon feeling it all round with my hands, I found it was loose at its superior part, and appeared to come out from the *Pubis*, where only it had an attachment. This, upon examination, proved to be the urinary bladder, thus distended to a vast bigness, and thrust to one side by the pressure of the *Uterus* on the fore-part  
of



of the *Abdomen*. I opened it, and measured the urine it contained, no less than eight *English* pints, or a *Scotch* quart. The *Uterus* was pretty closely contracted on the child; and in opening it from the *Fundus* to the *Cervix*, I found it at least half an inch thick in the thinnest part, though a good deal more at its *Fundus*, where I observed the *Sinusses* so large, as easily to admit the end of my little finger into them. The *Placenta* adhered to the fore-part of the *Fundus*. The waters having been broke so long before, I could not expect to find the *Allantois*.

The child had fallen down into the passage, much in the natural way, only with its head a little obliquely to one side; so that part of the frontal and parietal bones of the right side rested upon the *Pubis*, and neck of the bladder; and by the violence of the pains, the bones had been pushed so strongly against the *Pubis*, as to make a considerable indentation in them, and raised an inflammation for an inch or two round the contused part.

I believe I need scarce add, that if assistance had been called in time, the swelling of the bladder might have been prevented, by drawing off the urine with the *Catbeter*; and if the child's head could not be easily stirred, then the child might have been turned, and  
brought

brought away by the feet, as is usual in such cases.

Hence midwives ought to be advised to call for assistance in due time, especially in a case of this nature, where both the mother and child's life are in so great danger, though there be no flooding, since it is one of the most difficult cases that can well happen in midwifery; and thereby they may save two lives, and secure their own reputation. Hence, also, physicians and surgeons may take warning, not to trust too much to the report of the midwives, who too often pretend all things are in a fair way, and that there wants only some medicine to promote the pains, which they suppose are too faint and languid; because the head does not fall any lower; while it may be owing to the above cause, as well as others mentioned by practical writers, when the giving of such medicines may be of the worst consequence.

C A S E XIV. and a Supplement to  
C A S E V.

A woman thirty-five years of age, in *Broad St. Giles's*; the arm of the child presented, and pulled off, the head delivered with the crotchet.

The membranes had been broke, and the waters were all gone, before I was called.

The



The midwife told me the breech presented. Another gentleman had been called, but he being afraid it would turn out a difficult labour, left her ; upon which I was sent for.

When I examined the woman, I at first imagined a leg and hip presented ; but on pulling the supposed leg, which was lying in the *Vagina*, I found it an arm, and very much swelled. It appeared very plain to me, that the midwife had pulled very strongly at the arm, because it was swelled, and the ends of the bones at the shoulder and elbow were stretched to a considerable distance. She had, after her fruitless endeavours to extract the child, doubled up the arm into the *Vagina*. When I told her it was the arm, she said she had felt the fingers lying, as she imagined, with the leg. However, as it was my business to deliver the woman, I said no more.

I laid her supine across the bed ; two women supported her legs and thighs ; her *Nates* were raised, and brought a little over. I first tried to introduce my right hand betwixt the arm and the *Os Sacrum*, but could not pass it into the *Uterus*, from the bulk of the arm, and the projection of the upper part of the *Os Sacrum*, with the lower *Vertebra* of the loins : it was the left arm that was down ; the left shoulder was pushed in at the brim ; the fore-parts of the child were towards the belly and left side of the woman.

Finding, after repeated trials, that I could not get up my hand, and that there was more room at the sides of the *Pelvis*, I turned her to her left side. I renewed my endeavours; but the basin being narrow, and the arm of the child so much swelled, I was obliged to desist, and to proceed with caution, and by degrees, lest I should lose the strength of my arms, by working too much, and too long at a time. I next tried to push up the arm into the *Uterus*; but the contraction of this last was so great, that it was in vain to attempt that method.

As the woman had no flooding, and her pulse was strong, I rested a few minutes, during which I considered, as it was very probable that the child was dead, or would soon die, from the arm's being so much swelled, and overstrained at the joints; as the *Meconium*, according to the midwife, had for four or five hours been coming down also; and as the *Pelvis* was extremely narrow, it was ten to one that I could not deliver the head without the help of the crotchet. All these circumstances made me think it more advisable to separate the arm at the shoulder from the body.

To do this with greater ease, I pulled down the arm with a good deal of force, introduced my hand below it, into the *Vagina*,



and my finger up to the shoulder; but my fingers were so squeezed betwixt that and the projection of the aforesaid bones, that I could not divide it with the scissars; and in my attempts to push up my hand, I found that the fore-arm obstructed me most. I then separated this at the elbow. After having rested a minute or two, I again tried to push up the arm and shoulder; the arm I folded up, and the shoulder gave way a little: but by this time my own right arm was a little weakened, and the hand being cramped, and a little bruised on the back-part, from the projection of the bones, I again turned her on her back, afterwards on her right side, and tried with my left hand; but that was in a little time more disabled than the other.

Once more I turned her to her left side, and rested about five or six minutes. I now found that a flooding was begun, so that there was no time to be lost. I introduced my right hand into the *Vagina*; but the bones backwards still hindered my hand. After turning her a little more towards her belly, I got again the arm folded up to the shoulder, and both raised so high, as to pass my hand up to the *Fundus Uteri*. The muscles of the thick part of my arm were so much pressed, that if I had not got one of

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the

the feet very readily, I must have withdrawn it again. Grasping the heel and fore-part of the foot between my fore and middle fingers, I brought it into the *Vagina*. I then rested a little, and by degrees fixed a noose upon it. I really thought, in the middle of this last effort, I must have given up this method, and have tried to introduce the crotchet, to fix it on the breast or ribs, and by that means tear down the body of the child into the *Vagina*. The feet being brought down easily by the noose, I introduced my right hand, and raised the shoulder and head so much, that by pulling the noose with my other hand, on the outside, I brought the breech down to the brim of the *Pelvis*. After another intermission of a few minutes, I took hold of the leg, being the right, with my left hand, and introduced two fingers of my other to the outside of the left groin; but, after several trials, could not get that hip to advance. I then introduced the crook of the handle of the blunt hook to the outside of the groin. Feeling that the blunt point was past in between the thighs, I wrapped one cloth round the crotchet, and another round the right leg, and pulling both with a great force, brought down the body and shoulders without the *Os Externum*.

The weather was remarkably cold for the season of the year; there was very little fire;



and yet I sweated so much, that I was obliged to throw off my waistcoat and wig, and put on my night-gown, with a thin napkin on my head. I then endeavoured to deliver the head, by introducing the fore and middle fingers of my right hand into the child's mouth, which was to the back-part, and left side of the *Pelvis*, but could not move it. I now brought down both the arms of the child, and introduced my right hand into the *Vagina*, and the points of my fingers passed the *Os internum*, along the face of the child. In the mean time I caused one of the women to hold up the body of the child, to give me more room to work. I introduced a curved crotchet, which had a thick wooden handle, with my left, the point to the child's face, and up along to the crown of the head. It fixed upon the head; but finding the point a little on one side, I moved it into the middle, by turning the point, and keeping the handle back to the *Perinæum*, and the upper end, in an imaginary line to the middle space betwixt the navel and the *Scrobiculus Cordis* of the woman. When this was done, I brought down my right hand, and with it took hold of the crotchet: I laid the body of the child on my right arm; I placed two fingers of my left hand on each side of the child's neck, and over the shoulders; and began to pull with

with both hands, slowly at first, till I found that the point of the crotchet had a firm hold in the head. I increased the force of pulling the crotchet, and found that it came down about two or three inches, without moving the head. Apprehensive that the point had not entered the skull, but only tore down the hairy scalp, I raised it up to the former place, and renewed my effort. It came down as before, but held fast above the forehead. I then rested, and afterwards began to pull both the crotchet and body of the child with greater force. I found some of the *Cerebrum* coming out, and the head moving a little lower. I continued to rest and pull by turns, until the head lessened, and was squeezed by degrees into a smaller bulk. After it had passed through the narrow part of the brim, it was delivered with great ease. The *Placenta* being already loosened from the *Uterus*, was immediately forced into the *Vagina*. I took hold of the umbilical chord with one hand, and the edge of the *Placenta* with the fingers of the other, by which means it was soon extracted. The *Uterus* soon contracted into a small bulk. I examined with my fingers the *Perinæum*, and found that it was not in the least cracked or tore. The woman bore all these endeavours with great courage; her pulse continued good and strong; the dis-



charge of blood was not great, and did rather service, for the parts were lubricated and relaxed by it.

When I examined the child, I found the curvature of the crotchet had allowed the point to go over the forehead, too near the turn of the hair at the crown, and it had tore open all along the *Sagittal Suture*, through the *Fontanel*, and fixed on the thick part of the skull at the forehead, which a straight crotchet could not so easily have done. The opening was about three inches long, and about a third or fourth part of the brain was evacuated. I ordered the woman to be kept quiet, and to drink frequently of warm caudle. I called two days after, and found her pulse strong, quick, and hard, with pains in her back, belly, and head, and a difficulty in breathing; she had got but little rest, and had sweated none; she told me that neither she, nor any of her sisters, could sweat or bear sweating: the discharges had gone on very well, but were abated more than usual that day. I advised that she should immediately lose twelve ounces of blood from her arm, and drink plentifully of barley water, or water gruel. The nurse had given her very little drink. She was soon relieved, and recovered much better than I expected. She was a little woman,  
and,

and, as I could judge by the difficulty of my hand passing, it was not above three inches and a half, or three quarters, from the upper part of the *Os Sacrum* to the *Pubis*. If I had not rested a great many times, and proceeded with caution and deliberation, I should have failed in turning the child; and if I had pulled with too great violence at the body, I should have separated it from the head, which it was very difficult to open and extract in so narrow a *Pelvis*.

C A S E XV. and a Supplement to  
C A S E V.

The arm presented; the shoulder mistaken for the head; the arm pulled off. In a letter from Mr. *Mudge, Plymouth*, dated 1749.

He was sent for about eight in the morning, to a woman who had been in labour all night, and the membranes were broke about eight hours. Her pulse was tolerably strong, though very quick, and her countenance very florid; circumstances owing to her drinking plentifully of spirituous liquors.

On examining, he found most part of the left arm hanging out of the passage, together with the cord, which was cold, flabby, and without the least pulsation. The head [as he imagined] was sunk down considerably,



inasmuch that he thought nature might be sufficient to push it forwards. He therefore left her, and prescribed some medicines to amuse. He called about eleven, and found no alteration, except that the pulse was so much sunk, that he determined to deliver. Having introduced his hand, and moved it round what he thought the head, which felt loose, and exactly filled up the *Pelvis*, he fixed the forceps with as much advantage and ease as he had done in former cases; but the instrument slipping two or three times, he desisted, and tried to turn, and bring the child by the feet. However, the passage being filled up, he was obliged to twist, and pull off the arm from the shoulder.

He then, with great difficulty, pushed his hand into the *Uterus*, and found that it was the upper and back-part of the shoulder, as far as the spine, which had been pushed down, exactly moulded to the shape of the *Pelvis*. This he all along had taken for the head, which was now found lying above the right side of the *Pubis*, the feet being at the very *Fundus Uteri*.

With great difficulty he brought down the right leg, and by pulling at it, and pushing up the shoulder at the same time, he soon extracted the child.

The labour lasted about twelve minutes, and the child was quite rotten.

The

The remainder of the case carried to Collection XLIII. No. 1. Case 2.

C A S E XVI. and Supplement to  
C A S E X.

A case of flooding; the *Os Uteri* snipped and tore, the arm presented. 1746.

The woman was in labour of her first child; eight months gone, and the child's arm presented. She was attacked with a flooding; and had been in labour several hours. The membranes were broke, the *Hæmorrhage* was a little abated; and the arm pushed down into the *Vagina*. The *Os Internum* was open about one inch and a half, or the circumference of half a crown, and felt no thicker at the edge than a piece of thick parchment.

Having caused her to be laid in a supine position, I by degrees introduced my hand into the *Vagina*; and afterwards my fingers into the *Os Internum*. This I endeavoured gently to stretch, by pushing up my fingers in form of a cone; but to my surprize found it so rigid, that it would not dilate in the least.

I then used greater force, and repeated it several times by using one hand till it was fatigued and cramped, and then the other; but all to no purpose.

Having



Having failed in all these attempts, and recollecting from the former experience of a few cases, that by such force the *Os Internum* had been tore, and the woman recovered even when the *Os Internum* was much thicker, I thought it adviseable to introduce the scissars, and snip the edge of it. This operation being performed, it gave way so as to allow my hand to pass into the *Uterus*. I then turned the child, and delivered it by the feet, which were much mortified, the child having been dead at least a fortnight. The woman seemed in a way of recovery; but complained of a pain and foreness. About the fourth day she was taken with violent pains in the head and a quicker pulse; but bleeding in the arm relieved her: on the fifth day after venesection, she was seized on a sudden with a violent looseness, which weakened her much; but it was restrained by anodyne and cordial medicines: the fever recurred, and she was again blooded on the sixth; but the looseness returned on the seventh, which sunk her so that she immediately expired.

This was the second time that I had snipped the *Os Internum* when I could not stretch it, supposing that as it was so thin the dilatation could have no bad effect. Although I did not succeed in Collect. XXXV. Case 10. I attributed the death of the patient in that case

case to her great weakness from her being exhausted before delivery by the *Hæmorrhage*; but I hoped, as this woman was stronger, the same method would have succeeded; especially as the child must in this case be brought footling. I say, I had found it tear considerably, and the woman recover; but I afterwards reflected, that as the patient had not flooded much, I ought to have waited longer to allow the pains to push down the shoulders, and dilate the parts more. No doubt the violent force used first to dilate, and then the further dilatation, when I introduced my hand, might bring on the inflammation, pain, and fever, which ended in a looseness.

It is amongst the most difficult things in midwifery to know in floodings, especially if the child presents wrong, when there are labour pains how long to delay the delivery: because if we deliver soon, and the woman dies, we are ready to reflect, that it would have been safer to leave it to the labour to stretch the parts; and when we delay too long, and the woman is too much weakened with the flooding, we are apt to think it would have been safer to have delivered sooner.

We find in cases where the child presents fair, that the flooding commonly diminishes, or stops on the breaking of the membranes  
in



in labour, and then the head is forced down, and the woman is for the most part safely delivered; but here the wrong position prevents the delivery, and although the violence of the flooding is abated on the waters coming off, yet as there is a draining, this being long continued, sinks the patient. This fatal case is inserted as another caution to young practitioners. *Vide* Case 8th of this Collection. *Vide* also Collect. XXXI. Case 28. and Collect. XL. Case 8. Likewise Collect. XXXIII. No. 2. Case 9.

C A S E XVII. and a Supplement to  
C A S E V.

A case in which after the child was brought footling, the head was delivered with the crotchet. In a letter from Mr. *Mudge*, *Plymouth*, 1746.

He was called to a very little woman much deformed. She had been in labour two days: the waters had been discharged seven hours: her pulse was extremely low, and sunk, occasioned by a pretty large flooding.

He found the right arm in the *Vagina*, together with the cord, the pulsation of which assured him of the child's being alive. He, after great fatigue, brought down the legs and body. Then he tried to deliver the head, at first with great caution, to save the  
child;

child ; but the *Pelvis* being so very narrow, that the head was as immoveable as a rock, he increased the force, and underwent a greater fatigue than he could describe.

He endeavoured to introduce the crotchet, and fix it on the upper part of the head ; but his strength being so much exhausted, and the *Pelvis* so narrow, he could not raise it high enough ; but fixed it on the under-jaw, and finished the delivery by means of his utmost force. The labour lasted about twenty-five minutes. The mother was perfectly well in a week.

C A S E XVIII. and a Supplement to  
C A S E IX.

Turning a child, in *Berwick-Street* : the face presented : but after turning, obliged to deliver the head with the crotchet. 1749.

The woman had been in labour several hours before the membranes broke. Mrs. *Moor*, now *Simpson*, whom I had taught, and kept on purpose to attend all the labours with the pupils in the teaching way, was first called. She had assembled about ten of the gentlemen. Before the membranes broke, they could scarce feel any part of the child.

Being called, I examined, and could feel some part of the child resting above the *Os Pubis* ; but could not distinguish it to be the head.



head. When the membranes bröke, it came a little lower; but as it felt unequal, and not like the round and hard touch of the head, and still kept high, although she had strong pains, I thought it was more adviseable not to wait any longer, especially as the woman herself told me, that in her former labour, which was her first, a gentleman was called, and was obliged to bring the child away piece-meal.

I then had her brought to the foot of the bed, as there was more room than at the sides: two of the pupils supported her legs, I kneeled, and at every pain introduced my right hand in form of a cone, by little and little into the *Vagina*. I then found it was the face and neck with the chin to the left side of the *Pelvis*: I also perceived the bones projecting inwards, where the lower *Vertebra* of the loins join the *Os Sacrum*, and forming an acute angle, which was the occasion of the head's not coming down lower; but although I found the *Pelvis* narrow, yet the head felt but small; and as it was too high for the *Forceps*, there was a probability of saving the child by turning it, and bringing it footling. The face filled the upper part of the *Pelvis* so exactly that some of the waters were still kept up in the *Uterus*, so that when I pushed up the head, it was with great ease raised to the *Fundus Uteri*. By  
pushing

pushing it up quickly, the thick part of my arm filled the *Os Externum* and *Vagina*; so that the remaining waters were kept up, till I got the child turned with the breech and legs to the lower part. These I easily delivered, and expected also to have safely extracted the head, as the *Pelvis* was narrow. I brought the chin a little to the left side, introduced two of my fingers of my right hand, into the mouth of the child; and with my left held the body. I began at first to pull with a small force; but as the head did not advance, was obliged to increase it more and more; though to no purpose. I rested and pulled again with all my strength, till the fingers of my right hand began to fail; then I changed hands, but without effect. I rested and changed hands again, and continued to pull till I found the neck and jaw begin to give way. As it was now to no purpose to try any longer, because the child could not be brought alive, I extracted it with the crotchet in the same manner as described in the two last cases. The fore and middle fingers of my right hand, were so overstrained by the great force of pulling in the mouth, that they swelled at the joints next to the back of my hand for several days, so that I could scarcely move them. Next day, the joints at my elbows and shoulders



shoulders were swelled also. The woman recovered.

CASE XIX. and a Supplement to Case 11. and Collect. XXXIII. No. 1. Case 4.

A case of delivering a child with the crotchet, from its being much swelled and mortified after dying in the *Uterus*; 12th *August* 1749, in *Newtoners Lane*.

The woman had been beaten and kicked on the private parts three weeks before, so as to occasion a large swelling on the *Labia Pudendi*. She had not felt the child stir for fourteen or sixteen days. Some of the gentlemen that attended me, had been called two or three times some days before the delivery; but found it was not right labour. She was blooded and a poultice applied to the swelling, which relieved her, so that it was quite gone before she fell in labour. She was weak and low, having eaten or drank little since the time she had received the bruises on her body, which had rendered her incapable of begging about the streets as formerly.

When I examined, I found the *Os Internum* pretty much dilated, the membranes felt very thick. She had been several hours in labour; but as she was weak, the pains did not force them down into the *Vagina*. She was very big. I felt with difficulty the child's head,

which lay above and over the *Os Pubis*, and below that a great quantity of waters.

I waited from ten or eleven, till seven in the evening ; but there was not the least alteration in the parts. As the woman was weak, and I suspected that the child was dead, from the head's being kept up so high, occasioned by the belly's being much swelled, and expanded, and exhausted with air, which made it specifically lighter than the waters, I resolved to try to deliver her, especially as she had formerly two children, and according to her account the labours were not lingering : but suspecting there might be difficulty, I waited till all the gentlemen that attended me were convened. I had the woman laid supine across the bed, her legs supported by the two eldest pupils. At first I designed to have broke the membranes, that the head might be forced down, when the waters were evacuated, and the *Uterus* contracted ; but finding the membranes high up, and rigid, and that the *Os externum* dilated with a small force, I altered my design, and introducing my right hand into the *Vagina*, passed it up through the *Os internum*, into the *Uterus*.

Having broke the membranes, I passed my hand within them, and found the child floating in a large quantity of waters, which were kept up by my arm locking up the *Os*



*externum*. I then felt, and told the gentlemen that the belly of the *Fætus* was largely swelled, and that I was then turning up the head to the *Fundus*, and bringing down the breech and legs to the lower part of the *Uterus*, at the same time placing the face and fore-parts of the child towards the back of the mother. When I brought down the feet of the child, the waters contained in the *Uterus*, issued out with great force along my arm to the quantity of three or four quarts. I then brought the legs without the *Os externum*, and the scarf-skin stripped all off. After wrapping a cloth round them, I endeavoured to bring along the thighs and breech; but could not move them farther. I pulled with greater force, but found the legs were like to separate from the thighs. I then introduced the fingers of my left hand along the back-part of the *Pelvis*, and found the bigness of the belly was the principal obstacle. With my right I introduced the scissars, and pierced it with the points, on which a good deal of rarefied air, and waters were discharged. After dilating the points to enlarge the opening, I brought them down, and introduced the fingers of my left hand into the aperture; with these I got a firm hold over the *Os Pubis* of the *Fætus*, and within the *Abdomen*. By pulling at this, and with my

right hand at the legs, the breech was brought without the *Os externum*; but then I found it was separating at the *Vertebra* of the loins, from the body of the child. I then rested a minute or two, and introduced the fingers of my left hand up to the breast of the child. With my right I passed up the point of the crotchet, and fixing it there, tore open the breast and ribs; but in pulling at the crotchet with my right, and at the breech with my left, the last was pulled from the upper-part of the body. I found on tearing open the breast, that a large quantity of water and blood were evacuated. The hold of the crotchet giving way, I tried to fix it higher; but every part tore so easy, that I could not bring down the body. I then was obliged to take out the crotchet and rest a little, for my hands and arms began to be cramped and enervated. After recovering a little from the fatigue, I introduced my right hand into the *Uterus*, and tracing up to the shoulders, brought down one of the arms.

I attempted to fix a noose over the wrist, but it was so slippery, and the body so high, that I could not get within the *Os externum*. I again introduced my hand, and was for a little while at a loss how to proceed to deliver the body and head to the best advantage, because every part tore so soon where I fixed the



crotchet. Without bringing down the body, I tried to push it up and bring in the head: but this last was so large and slippery, that I could not turn it down so as to get the hind, or upper part to present.

Being again fatigued by these fruitless endeavours, I was obliged to intermit. I then resolved to fix the crotchet; for which end I introduced my left hand up to the shoulders, and with my right got the point fixed so firm above one of them and the clavicle, that it did not give way, but brought it down into the *Pelvis*, and without the *Os externum*. I pulled slowly and with caution, lest a separation should happen at the neck, and then it would have been more difficult to deliver the head.

After I had got the shoulders without the *Os externum*, I again rested that my strength should not be too much exhausted. I introduced two of the fingers of my right hand into the child's mouth, which was a little to the left side of the *Os Sacrum*, and above the brim of the *Pelvis*, and with my left hand, I pulled at the shoulders which were wrapped in a cloth. Finding the head did not move, and that both the under-jaw and neck were giving way, I again desisted. I now introduced the fingers of my right hand, up to the face and forehead, and with my  
left

left passed the crotchet up betwixt them, till I could find the point above the crown of the head. Having brought down my right, I then took hold of the handle of the crotchet with it, and the shoulders with my left. I tried several times, if the crotchet had a firm hold, and gradually increased the force of pulling, by which means I brought the head down into the *Pelvis*, and luckily delivered it: the crotchet had fixed near to the crown of the head, and had tore open the skull, from that part through the fontanel to the bones of the forehead. At this large opening, the brain was squeezed out, the head collapsed, and came down with greater ease. I was afterwards obliged, with a good deal of trouble, to separate the *Placenta* which adhered firmly to the fore-part of the *Uterus*: but could not effect the separation till I turned her on her left side. One thing was remarkable, and assisted me much, at least it prevented a greater fatigue. Every time I introduced my hand into the *Uterus*, I found it still kept from contracting on the child, by some waters that remained; for although a vast quantity came off at first; yet when I brought down my hand, the parts of the child pressed so close down, that there was still some detained. My greatest fatigue was occasioned by my being obliged so often



to pull down and push up my hands; as well as by the flipping of the body and crotchet. If I had taken the first method I designed to follow, the difficulty I believe would have been much the same; for, as the woman was weak, the pains would not have forced the head into the *Pelvis*, even after the membranes were broke, and the bulk of the waters evacuated. Besides, as the head was large, and the hairy scalp swelled, the forceps could not have brought it down. The only advantage would have been after the head was opened, and extracted with the crotchet, that the shoulders could have been easier tore down with the instrument, than the belly, opened in the same manner; after which there would have been no danger, as in the other way, of leaving the head behind. *Vide Collect. XXXIII. No. 1. Case 4.*

C A S E XX. and Supplement to  
C A S E XII.

A case of flooding before delivery; of turning the child, bringing it by the feet, and the head obstructed by an *Hydrocephalus*.  
25th October, 1747.

A woman near her full time, of her second child, was taken with a discharge of blood from the *Uterus*, which continued to drain for eight or ten days. She was by misfortunes

tunes reduced to low circumstances, and had suckled her first child till within three weeks of this labour. I then died, and her grief, joined to the shock of a sudden surprize soon after, was perhaps the occasion of bringing on the flooding.

When called to her, I found her pulse low and weak, though not frequent. She had no labour-pains; but had been attacked with frequent vomitings, which had helped to dilate the *Os Uteri*. On examining, I found the head of the child presenting with the membranes and waters; the *Os Uteri* soft and pretty much dilated. As she had lost a great quantity of blood, and there was no prospect of right labour-pains, I thought it safer for the woman and child, to deliver directly by turning, and bringing by the feet, especially, after she had told me, that she had been delivered easily of the first child. I had little difficulty in introducing my hand into the *Uterus*, and as the membranes had not been broke, I easily pushed up the head, and brought along the legs and body. After I had turned the belly of the child to the mother's back, and a quarter more, I then brought down the legs, body, shoulders, and arms. I now introduced a finger into the mouth, and expected, as she had an easy labour before, to have delivered the head with



little difficulty; having tried every safe method, first to bring the forehead into the hollow of the *Os Sacrum*, by pulling the body both upwards and downwards, likewise from side to side; then endeavoured to move the face first to one side, then to the other; all my efforts proved ineffectual. I exerted greater force, and continued to increase it till I found the neck and mouth begin to give way; I then declared that I could not possibly save the child. I introduced my left hand along the side of the child's head, until my fingers passed the *Os Uteri*, along which I introduced a curved crotchet with its point bearing close along the head to the upper-part, and moved it backwards to bring the convex part over the forehead. This being done, I fixed the point into the upper-part above the forehead; then pulled slowly to find if it had a sufficient hold. When I was certain of this, I pulled with greater force, and found the bones of the skull collapsing, and a quantity of waters come along: the forehead came easily down into the hollow of the *Os Sacrum*, and was delivered immediately without tearing the parts of the woman. The *Uterus* contracted so strongly, that the *Placenta* with very little pulling at the *Funis*, was pushed down into the *Vagina*, and easily delivered. The flooding ceased immediately, and the  
 woman

woman bore the operation better than I expected.

The child's head was about a third larger than common, and it was remarkable that the fontanel and sutures were no otherwise than in a sound head, the first no larger, and all the bones were close to one another: in general when the head is dropfical, the bones are stretched from one another more or less, according to the quantity contained. Dr. *Brisbane* examined the head next day, and poured through a funnel no less than a quart or three pints of water at the opening, which had been made with the crotchet into the head; the whole cerebrum and cerebellum were found. The point of the crotchet was fixed at the side of the fontanel, which it had perforated. This aperture allowed the waters to discharge; the head to lessen, and come along. The woman seemed to be in a good way for several days, during which the doctor attended her, and prescribed some medicines to help her to rest, and sweat; but she being mismanaged and neglected by her nurse, was thrown into a fever, and died about the eighteenth or twentieth day.



C A S E XXI. and Supplement to  
C A S E XII.

The head presented prematurely; the child brought footling, and delivered with the crotchet, in a letter from Mr. A—, dated B—, 1750.

He was called to a woman, who had been in a lingering labour three or four days. Although she had now and then fainting fits, yet her pulse was regular and strong: the head presented fair, but very high; which made him resolve to turn the child, and bring it by the feet: this required great force; and after the body and arms were delivered, he was obliged at last to exert great force in extracting the head with the crotchet. He says, he abundantly repented the attempting to turn, and deliver footling, and wished he had waited longer, as the woman did not seem to be in such danger as to require an immediate delivery. He reflected, that by waiting, perhaps he might have succeeded with the forceps, and if they had failed, and the woman been in danger, it would have been safer for her, especially as the child was large, and the *Pelvis* narrow, to have diminished the bulk of the head, rather than run the risk of her life, by so great force being used; for although she did recover,

cover, it was with great difficulty, and what he did not expect.

C A S E XXII.

A case much of the same kind: the child delivered in the same manner as the foregoing. In a letter from the above gentleman, in 1752.

The woman had been in labour all the day before, and the waters had come off several hours before he was called. The head rested over the *Os Pubis*; and the pains were almost entirely gone off. Having laid her on her side, and raised her hip higher than her shoulders, he easily introduced his hand into the *Uterus*, and brought down the legs and body of the child; but after many repeated trials, and exerting great force, he could not deliver the head. Thus foiled, he was obliged to introduce the crotchet, which he fixed on the left parietal bone, near the sagittal suture; and at last, not without some difficulty, delivered the head. The child was very large and the *Pelvis* narrow, from the projection of the upper-part of the *Sacrum*, and the make of the bones at the symphysis of the *Os Pubis*. The *Placenta* adhered to the fore-part of the *Uterus*. The woman recovered very well.

He



He writes, that perhaps I would censure him for conducting the operation after this manner, when he knew what sort of *Pelvis* he had to deal with ; as he could not tell but that the head was not only large, but also too much ossified to yield to the passage. He was in hopes, by the cautions which he used, to deliver without the application of the crotchet, especially as he found he could turn the child with so great ease. *Vide Collect. XXXIV. No. 2. Case 17.*

## C A S E XXIII.

A third case from the same gentleman, of the like nature ; the child delivered also with the crotchet, in 1753.

He writes me, he was sent for to a woman about midnight. The midwife acquainted him, that after the waters broke, though the pains were strong and forcing, the head did not advance, but rested on the *Os Pubis* ; that she often endeavoured to disengage it, but to no purpose ; she therefore tried to turn it, but failed in the attempt, and had brought down a hand, which with the head was firmly locked in the passage. Upon examination he found the child situated as above, and the *Pelvis* very narrow, from the jetting in of the last lumbal *Vertebra*, and the upper part of the *Sacrum*.

Having

Having properly placed her, he endeavoured to raise the head; but could not make it yield in the least: then he attempted to slip his hand on one side; for, though it was closely jammed between the *Os Pubis* and *Sacrum*, there was room on each side of the *Pelvis*, but neither could he succeed in this endeavour. He now caused the patient to be turned on her knees and elbows; and with much difficulty introduced his hand; but was several times obliged to withdraw it for ease, the great pressure cramping him so as to render him incapable of reaching the feet. In this situation he hardly knew how to act. The head was not only very high up, but did not present fair enough for the crotchet; and the contraction was so strong, he almost despaired of bringing down the feet. However, as he thought this the most probable way of relieving the patient, he once more attempted it, and after much difficulty, so far succeeded as to bring down one foot, and fix the noose on it. He then brought down the other, and joining them together, extracted as far as to the chest, and reached the left arm; the right being engaged with the head gave him some trouble, and he snapped the *humerus* in extracting it: but this gave him less concern as there was no pulsation in the *Funis*. The arms being  
down,



down, a principal difficulty (the head) still remained. He introduced a finger into the mouth, and had very near dislocated the neck; it was so fast locked that he could gain no ground. He therefore insinuated a crotchet, by which he delivered it, in a short time.

He left the poor woman without any hopes of her recovery. She indeed recruited a little about six or eight hours after; but died that day or the following.

The two first cases from Mr. *A.* were both badly conducted, and inserted as a caution to others to wait with more patience.

#### C A S E XXIV.

A preternatural case: the child delivered with the assistance of the crotchet, from Mr. *Charles Chorley*, of *Sankey, Lancashire*, May 13th, 1753.

I was sent for to *Ashton*, near *Wigan*, by a surgeon, to *Ann Marsh*, called the little dwarf, about one yard nine inches in height, aged thirty-nine years. The midwife told me, she had been four days in labour of her first child; that the leg had been without the birth twelve hours, and the patient had now no pains. I found the heel towards the *Pubis*, and the *Scrotum* hanging out much swelled.

After

After using a great deal of force, I raised the body of the child, which gave me more room to introduce my finger betwixt the thigh that was still up and the body. I at last, by taking time and using all my strength, got the body delivered as far as the shoulders.

Perceiving the cartilages of the *Sternum* driven inwards by the jetting forward of the *Vertebra* of the mother's loins, I brought down the arms. I made an incision with the scissars, at the back-part of the child's neck, to introduce the curved crotchet within the *Foramen Magnum*; but to no purpose: after this, I made another opening on the right side of the neck, separating the skin with my finger, higher up than the ear, which formed a safe canula to receive the point of the crotchet, and defend the mother from being injured.

Introducing the crotchet I tore open the skull, and as the head lessened I delivered the same: the woman recovered very well.



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## COLLECTION XXXVI.

[*Vide* Vol. I. Book 3. Chap. 4. Sect. 5. No. 2.]

Cases in which the head was left either in the *Vagina* or *Uterus*, and where the body was delivered and separated from the same.

[*Vide* Anatomical Figures, Tab. XXXVI.]

### C A S E I.

The body pulled from the head, and left in the *Vagina*, 1724. *Wiston*.

A midwife, who had never had any education, and who had formerly vaunted, that she always did her own work, and would never call in a man to her assistance, was called to a case, in which the child presented wrong. After she had, with great difficulty, brought down the body, she could not deliver the head, from the woman's being of a small size, and the child large. During the time of her making these trials, the husband sent in great haste for me. In the mean time, when the midwife found that her endeavours were in vain, she rested, to recover from her fatigue, and told those who were present, that she

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she would now wait for the assistance of the woman's pains. One of the servants seeing me at a distance, went in in a hurry, and told her I was come. She not knowing that I was called, fell to work immediately, and pulled at the child with great force and violence. Finding, as she imagined, the child coming along, she called out, that now she had got the better of him. The neck at that instant separating, the body was pulled from the head, and she fell down on the floor. As she attempted to rise, one of the assistants told her that it wanted the head; a circumstance that shocked her so much (being a woman of a violent disposition), that she was immediately seized with faintings and convulsions, and obliged to be put to bed in another room. I just then arrived, and was surprised to find the house in such confusion.

After being informed of what had happened, I found that the woman's pulse was pretty good, and that there had been no discharge of blood from the *Uterus*, but what came now was only from the child's head, which, to my great joy, I found lying in the *Vagina* and *Pelvis*. I let her lie a little, to recover of the former fatigue; then examining more particularly, I found part of the skin of the neck without the *Os Externum*. After I had put her in a supine position, I



introduced the fingers of my left hand, and found the mouth at the right side, and lower part of the *Sacrum*. Introducing two of my fingers into it, I tried with that hold to bring along the head; but finding that this would not be sufficient, and being afraid that the under-jaw would separate, if I used greater force, I pushed up my fingers farther, and along the face, and with my right hand introduced the crotchet to the upper part of the forehead. Here I fixed it, and again taking the former hold in the mouth with my fingers, by pulling with them and the crotchet, I delivered the head much easier than I expected. After having extracted the *Placenta*, and put the woman into an easier position in bed, I went and recovered the midwife, by giving her some volatile spirits in water. The child appeared to have been dead several days; and I was persuaded, that if the neck had not given way, but had stood another pull, the head had been delivered.

This accident was lucky for me, and rendered the midwife more tractable for the future.

C A S E II.

The head left in the *Uterus*, from the body's being much mortified, and the forehead to the *Pubis*. *Carlouck*, 1727.

The breech of the child presented, with the thighs to the *Pubis*, and the body was forced down with the labour pains; but the midwife not knowing how to turn the fore-parts of the child to the back-parts of the *Uterus*, brought it along as it presented. The child being pretty large, she used a good deal of force to deliver the head, which not being sufficient, she fixed a cloth over the shoulders, and got one of the bystanders to assist her, by pulling with greater force; by which the body was separated from the head. In consequence of this accident, I was immediately called. I found the greatest part of the head still above the *Pelvis*. The midwife told me, she was in hopes that the woman's pains would have delivered it before I came; but that now they had quite left her, and that a flooding was begun. The woman's pulse was a little sunk. I examined the body, and found that the child had been dead at least ten or twelve days; the scarf-skin was livid, and some of it stripped off; and the woman had not felt it move or stir during that time. After encouraging her, and giving her some



warm wine and water, and putting her in a supine position, I introduced my right hand into the *Vagina*, and raised the head above the brim of the *Pelvis*; then turned it, and brought in the upper part of it to present, with the face backwards, and a little to the left side. This being effected, I ordered an assistant to press on the belly with both hands, to keep down the *Uterus* and head in that position; then opening the head with the scissars, I went up along the forehead and face, introduced the blunt hook with my other hand, and fixed the point in the mouth, which was now turned towards the *Fundus*. I now withdrew my right hand, took hold of the handle of the blunt crotchet or hook, and introduced the fingers of my left hand into the opening. With these two holds I gradually brought down the head, and delivered it slowly, though with some difficulty. The *Placenta*, which was partly separated, followed soon after. The head, in this operation, slipped several times before I got it right turned, to present with the upper part. I also had some difficulty in keeping the head steady, so as to perforate the same with the scissars, by which both my hands were pretty much cramped and wearied.

## C A S E III.

A case of the same kind as the former, but more difficult, from the parts being much swelled, and the *Pelvis* a little distorted. 1729.

The head was separated much in the same manner as in the foregoing case, but the face was to the right side. The head was kept high up, from the *Pelvis* being narrow, and the body was easier separated, from being much mortified. I was not sent for to this woman till about twenty-four hours after the separation, the midwife assuring them that the pains would be sufficient to deliver the head; but the woman growing weaker, and there being a small discharge of blood, which now began to increase, I was sent for.

As the external parts were pretty much swelled, I with difficulty introduced my hand into the *Vagina*, and pushing up the head, turned down the upper part, as in the former case; but the task was rendered much harder, from the narrowness of the *Pelvis*, and the *Placenta's* lying loose at the back part of the *Uterus*; this I was obliged to bring down before I could place the head in the right position. After I had opened the head, I could not fix the blunt hook, as in



the former case; but got pretty firm hold at the fore-part of the ear; and luckily the head not being very large, I brought it gradually lower, as the *Cerebrum* evacuated, and at last delivered it. The point of the crotchet slipped twice in pulling; but the third time I got a good hold in the outward corner of the left orbit of the eye.

#### C A S E IV.

The body separated from the head by incision; the woman turned of forty; the *Pelvis* narrow. 1752.

The arm of the *Fœtus* presented. The midwife sent for a gentleman in the neighbourhood, who practised midwifery. He was so fatigued by the time that he got the child turned, and the body delivered, that he was not able to extract the head. In this situation he called Mr. *Steed* of *Guy's* hospital, who tried several times to deliver the head in the manner described in Collect. XXXI. He afterwards endeavoured to introduce the curved crotchet, and to fix it on the upper part of the child's head, but was prevented by the narrowness of the *Pelvis*, which cramped and fatigued his hand so, that he was not able to fix it. After the other gentleman and he had tried this last method several times, and found the head lie so very high, that the  
shoulders

shoulders prevented their going up sufficiently with their hands to guide the instrument, they at last resolved to separate the body from the head; an operation which one of the gentlemen performed with an incision knife, at the lower part of the neck, betwixt the sixth and seventh *Vertebra*. Again they attempted to fix the crotchet; when this did not succeed, they tried to push up the head, so as to turn down the *Vertex*, and open it with the scissars, and then to extract with the crotchet, as in the former cases: but being both again fatigued, they were obliged to desist, and sent for me; and in the mean time desired the woman might be kept quiet in bed.

After having placed her in a supine position, I introduced my left hand into the *Vagina*, then raised the head, so as to gain admission into the *Uterus*. In doing this, I found that the difficulty in the head's coming along proceeded from the *Pelvis* being distorted; and that the upper part of the *Os Sacrum*, and last *Vertebra* of the loins jetted considerably forwards.

Having found the mouth, I introduced a finger into it, and bringing it downwards, turned the forehead to the right side, at the brim of the *Pelvis*; then tracing up with my fingers along the face and forehead of the child, while an assistant pressed gently with both



hands on the *Abdomen* of the woman, I tried to introduce one of the curved crotchets; but finding that the *Pubis* prevented me from insinuating it far enough up in this position, I turned her to her left side, and again introduced my left hand in the same manner. Betwixt this and the child's head, I slipped up the crotchet with my right hand, having the head grasped in the *Uterus* with my left, my fore and middle fingers being placed on the right parietal bone, near the *Vertex*. I fixed the point of my crotchet into this part, and after I found that I had tore open the skull, and that the crotchet had a firm hold, I withdrew my hand. Fixing again the fore and middle fingers into the mouth, and my thumb below the chin, I began to pull with both hands, *viz.* at the under-jaw with my left, and at the crotchet with my right; but finding that it required a good deal of force, I pulled at first in a slow and cautious manner, that as the crotchet tore open the bones, I might allow time for the brain to evacuate, and the head to diminish in its bulk. I exerted the greatest force at the crotchet, and only a little at the under-jaw, for fear of tearing it off, and losing that hold, which is of great advantage to keep the head steady. By increasing the force at intervals, the head began to advance lower and lower. When I  
had

had brought it down into the *Pelvis*, I directed the assistants to lay the patient in the supine position; then I turned the forehead from the right *Ischium* backwards to the concave, and lower part of the *Sacrum*; and standing up, pulled the head upwards, in a semicircular manner, from below the *Pubis*. One lucky circumstance attended this case; the woman had no flooding during the whole time, and endured all these efforts with great resolution. Finding that the *Placenta* did not in a little time come down, I introduced my hand into the *Uterus*, and found the part where the head was lodged still pretty open. At the upper part of it I perceived the middle of the *Uterus*, contracted in form of an hour-glass, below the *Placenta*, which adhered to the *Fundus*. I insinuated the fingers of my right hand gradually into this contracted part, while at the same time I pressed my left hand on the *Abdomen*, to keep down the *Uterus*. After it was fully stretched, so as to allow my hand to pass, I gradually separated and extracted the *Placenta*, which was adhering firmly to the *Uterus*.

When we examined the head, we found the crotchet had fixed on the right *Bregma*, and had made an opening about two inches long, down towards the temple. In operating,



rating, I tried to fix it nearer the *Vertex*, on the *Sagittal Suture*, but the head being slippery, and difficult to keep in a firm position, I was glad to fix it in that part. Indeed I imagined it was fixed higher, and the opening much larger, till the head was examined.

The woman, although she was much exhausted by undergoing the fatigue of these several trials, yet at last recovered much sooner and better than expectation.

When I was called [as such cases happen but very seldom] I carried along with me a pair of the long forceps, bent to one side, *Ammand's* net, *Leveret's* tire-tête, and a pair of curved crotchets: But finding the difficulty proceed from a narrow *Pelvis*, and that the head must first be opened, and lessened in bulk, before it could pass, the curved crotchets seemed the most simple, and effectual instrument. If this had failed, then it might have been proper to turn down, and open the *Vertex* with the scissars, and extract the head with the crotchets. The curved kind seem better adapted for this purpose than either the straight kind or blunt hook, to be used either with or without the sheath. Dr. *Hunter* was present, and assisted at this operation. [*Vide* my Anatomical Figures, Table XXXVI. which was drawn to illustrate this case.]

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This should be a caution to practitioners, never to separate the body from the head, if possible to deliver without using that expedient; but to wait with patience (when the child cannot be saved) the efforts of the pains, especially if the woman is not in absolute danger; for the head is much easier delivered with the crotchet, when not separated from the body.

C A S E V.

The head separated, and left in the *Uterus*; in a letter from Mr. A. dated E. 1748.

Another practitioner was called by a midwife, to a woman of a delicate and tender constitution. She had been a whole day in strong labour before the membranes broke; the pains, after that, abated, and in two days the head did not advance.

He found the *Os Uteri* fully open, and the forehead of the child towards the *Pubis*. With great difficulty he turned the child, and brought down the legs and body; but in using all his force to deliver the head, both the jaw and neck gave way. Being much fatigued, and the *Uterus* strongly contracted, he could not introduce his fingers to the head, so as to fix the crotchet. Having sent for my correspondent, he, after repeated trials, at last got his fingers into the orbit,  
where



where he fixed the crotchet, and delivered the head, which was large. The *Sutures* were firm, and the *Pelvis* was narrow. The patient seemed to be in a fair way of recovery for the next two days; but imprudently sitting up too long, and drinking heating liquors, she fevered, and died the sixth day after delivery, without any complaint from the severity of the labour.

## C A S E VI.

The head left in the *Uterus*; in a letter from Mr. Cadby, dated *Blandford*, 1748.

He was called to a case, in which the midwife had pulled the body of the child from the head, which was left in the *Uterus*. This he immediately delivered, by fixing the curved crotchet on the head, and his fingers in the child's mouth.

In Mr. *Giffard's* cases in midwifery, Case 69th describes the head of a *Fœtus*, six months old, left in the *Uterus*, and delivered with the hand.

Monf. *Lamotte*, Book III. Chap. 23. has a case of the head's being left in the *Uterus*, the body having been delivered, and tore from the head with great force. And in the last case of the Supplement to his treatise, there is a case, in which another gentleman could not deliver the head, which was separated  
from

from the body, and left in the *Uterus*. Nevertheless, he went to bed; and the first news he heard in the morning was, that the head was delivered by the mere assistance of nature.

Dr. *Grange* of *Hatfield* told me of a case, in which he and Mr. *Wilson* of *Enfield* were fatigued a whole day in delivering a head, which was so slippery, that for a long time they were not able to open, or fix an instrument upon it. He was convinced, that if they had had the instruments mentioned in Case 4th, the operation would have been more easily performed.



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## COLLECTION XXXVII.

[*Vide* Vol. I. Book 3. Chap. 5. Sect. 1.]

Cases of two or more children, delivered at one birth.

### CASE I.

The first child presented with the *Fontanel*; but the membranes of the second were pushed down before the membranes of the first. Both children presented with the head. 1753.

I was bespoke to attend this patient, who was of a delicate and tender constitution, and had suffered much in a former labour. I was called to her in the evening, and found the *Os Uteri* but very little open. The head of the child presented; but the pains were weak and seldom. Expecting that it would be tedious and lingering, as the former, I sent for Mrs. *Maddox*, my midwife, to attend her, who was to call me when she found the woman near delivery. I was summoned in about two hours, and found the *Os Uteri* largely open, and the membranes pushed down without the *Os Externum*, which had an uncommon feel. When I introduced my finger into the *Vagina*, I felt these

these membranes and waters as coming down at the side of the head. As the mouth of the womb was largely opened, and these membranes, with only a small quantity of waters, were hanging loose without the external parts, I pulled them away; but touching in the next pain, I found another set of membranes, and waters still before the head. I also felt through them, that the *Fontanel* presented; and by the *Sutures*, that the forehead was to the left side, and the *Vertex* to the right. Being afraid that this position would occasion a tedious labour, I pushed up the forehead, that the *Vertex* might advance; in doing which, the membranes broke, and the head immediately was forced down to the lower part of the *Pelvis*. In two or three pains more, although the *Fontanel* still presented in the middle, yet the child being small, the face and forehead turned backwards to the concave part of the *Sacrum*, and the *Vertex* turned out below the *Pubis*, and was soon delivered. After I had tied, and cut the *Funis*, and given the child to an assistant, I examined, to find if the *Placenta* was coming down; but instead of that, the head of another child presented; and as I felt no waters or membranes before it, concluded that those were its membranes which came first down. The *Vertex* pre-

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sented;



fenting; the patient having fresh pains, and not weakened by the former labour; the membranes being broke, and the waters gone, it would have been imprudent here to turn the child, and bring it footling, as I commonly used to do in other cases, where the membranes were not broke. On this occasion, I did not mention that there was a second child, lest the woman should have been uneasy; but said, that I commonly waited to see if the *Placenta* would come down slowly with the after-pains: and the second child being delivered soon after, gave great joy to the mother, as well as to the assistants. The two *Placentas* came likewise down gradually in one cake.

## CASE II.

The first child delivered with the labour pains; the second being larger, delivered with the forceps. 1749.

When called to this case, I was informed by the midwife, that she had delivered the woman safely of the first child, which came in the natural way about six hours ago. She said there was a second child, which lay at first so high, that she could not distinguish whether it came right or wrong, till the woman had fresh pains, which increased, and grew stronger in about three or four hours  
after

after the first child was delivered. These forced down and broke the membranes; although the pains had been frequent and strong, and the head pretty low down, it was still somehow retarded.

I examined, and found that the right ear presented: that the face was towards the left side of the *Pelvis*; and that the right *Bregma* rested on the *Pubis*. During the next pain, I introduced my hand into the *Vagina*, and pushed up the head at the left side. As the pain continued, and increased, I withdrew my hand, and the *Vertex* was immediately pushed down to the lower part of the right *Ischium*. Being then called to another patient, I left the woman to the care of the midwife, expecting she would soon be delivered with the labour-pains. In about two hours I was again called, and found the head much in the same situation as when I left her, *viz.* the forehead to the upper part of the left *Ischium*, the *Occiput* to the under-part of the right, and the left ear at the *Pubis*. The midwife told me, that she had several strong pains after I went away, but that now they were grown weaker. She also said, that there was a pretty large shew at times, and seemed apprehensive of a flooding coming on. I then caused her to be placed in a side position, and delivered the child with the



forceps, as described in Collection XXVIII. Vol. II.

I found at first the delivery was retarded by the wrong position of the head; when that was remedied, another difficulty proceeded from the *Uterus* being contracted before the shoulders, and the *Funis* surrounding the neck three times; which last I disentangled, by slipping it over the head, after it was delivered. This second child, contrary to most cases of twins that I have attended, was much larger than the first.

The *Placentas* formed one cake. A case of the same kind succeeded in the same manner with Mr. *Palmer* of *Bath*, when he attended my lectures.

### C A S E III.

Both children presented in the natural way; the first child delivered with the labour pains; the second turned, and brought footling. 1749.

I was bespoke, and called to a gentlewoman in labour, who had been very weak and low for many months, and much emaciated, from a *Spina Ventosa* in her knee; so that every body was surprised at her being with child. She was delivered in a few pains after I arrived. While I was employed in

tying and dividing the *Funis*. she told me, that the motion of the child had been different for the last fourteen days, from what it had been before; that in the last fortnight she had felt it low down, and on the right side; whereas, before that time, she had perceived it stir higher up, and at both sides. After delivery, she laid her hand upon the *Abdomen*, and called out that it was still very big. I then examined for the *Placenta*, and found the membranes, waters, and head of another child presenting. Without saying any thing of the matter, I slipped my hand up into the *Uterus*, broke the membranes, and after getting my hand within them, turned the child, and delivered it by the feet. By its being very livid, and the scarf-skin easily stripping off, it appeared to have been dead for the space of a fortnight. The *Placentas* formed two distinct cakes.

#### C A S E IV.

Two children presented together; one with the head, and the other with the feet.  
1749.

A woman who had bore children before, and was come near to her full time, fell in labour about fourteen days after she had been frightened by the second shock of the earthquake, which happened that year. The



midwife telling the husband, that there was something uncommon in his wife's case, and I being immediately called, she told me that she certainly found two children presenting at once, and was afraid that they might entangle and interrupt one another in the passage; that the head of the one presented, which she suspected was dead, from the skin of the head feeling soft and pappy, and the bones of the skull loose within the integuments: that the legs of the other presented, which she was certain was alive, from feeling the child move them.

No sooner had the midwife given me this information, than the patient was attacked with a very strong pain, and the midwife was desired to make haste into the room, for that she would certainly have work immediately; accordingly she had just time to receive the first child, that presented with the head: it was dead, as the midwife foretold, and appeared to have been so from the time that she received the fright; and in two or three pains more, the child that presented with the feet was forced down, and delivered alive.

## C A S E V.

Both children presented with the breech ; and were each delivered by the labour-pains.

In the year 1741, soon after I began to teach midwifery, I was called to one of the poor women who had bespoke me to attend her with my pupils. When I arrived, I found the breech presenting, with the thighs to the *Sacrum* ; but as the pains were gone off, on the discharge of the waters, and the breech was still high, I expected that it would require some time to stretch the parts more fully before it could come lower down, and be delivered. I went to a coffee-house in the neighbourhood, and sent for those who then attended me ; but before they all arrived, a messenger came in a hurry, telling us, if we did not make haste, the child would be delivered before we could reach the place. This was actually the case. I told the pupils, that although they had missed seeing the labour, yet they would have an opportunity of observing the delivery of the *Placenta*. I then examined ; but instead of the *Placenta*, I found the breech of another child presenting, in the same manner as the first, which, in two pains more, was delivered with very little assistance ; and the two *Placentas*, which



formed only one cake, immediately followed.

The children were small; and although the woman was of a small stature, yet neither she, nor any of her acquaintance, suspected that she was with child of twins.

#### C A S E VI.

The first child presented with the arm, the second with the head; both brought footling. 1750.

The arm of the first child had been protruded several hours after the membranes broke, and pretty much swelled before I was called.

As the woman lay on her left side, I tried to introduce my hand into the *Vagina*; but finding the arm obstructed the passage, I doubled it, and easily pushed it before my hand into the *Uterus*. While I went up farther, to search for the feet, I found another child inclosed in its membranes, a circumstance, which made me advance more cautiously, for fear of breaking them, as they lay towards the left side, and *Fundus Uteri*, but more forwards than backwards. I had introduced my right hand, and finding that the legs of the child lay backwards, and to the right side, towards the *Fundus*, I was obliged to withdraw that hand, and introduced

duced my left, with which I brought down the legs, and delivered that child. The *Uterus* immediately contracting, the *Placenta* and membranes of the first child, with the membranes and waters of the second, presented ; but the *Placenta* was lowest, and being separated from the *Uterus*, came easily down into the *Vagina*, by pulling gently at the *Funis*.

Having delivered the cake, and finding a pretty large quantity of blood follow, I insinuated my right hand into the *Vagina*, and found, within the membranes, the head of the other child presenting. Pushing farther up, and breaking the membranes, I turned this child, and brought it footling also, as described in Collect. XXXII. I ordered a cataplasm to be applied to the first child's arm, which was swelled ; the swelling in a few days subsided, and the child did very well.

### C A S E VII.

Both children presented wrong ; and were brought footling.

I was called in the year 1748, to a woman in labour. The first child presented with the hands, feet, and *Funis* in the *Vagina* ; I tried, as she lay on her left side, to introduce my hand and deliver the child ; but as I could not



keep the patient steady in that position, I turned her to the supine posture. After I had introduced my hand into the *Uterus*, I found the head high up to the left side; I then withdrew my hand; took hold of the legs, and delivered the child.

Having tried, and separated the *Funis*, I desired the midwife to sit down, and deliver the *Placenta*, by allowing it to descend slowly; but seeing her attempting to push up her hand, I desired that she might rather wait, and signified if there should be any difficulty afterwards, I would assist. She telling me there was some more work for me, I immediately suspected that there was a second child, which I found presenting in the same manner, and brought footling also.

The *Placentas* not following for a considerable time after, I pushed up my right hand into the *Uterus*, separated and delivered one that adhered to the left side; and after that the other which adhered to the *Fundus*.

#### C A S E VIII.

Three children delivered by Mr. *Prosser*, when he attended me; in presence of some of the pupils. *October 7th, 1752.*

I was sent for to a poor woman who had been in labour some hours, being eldest pupil to Dr. *Smellie*, who was then otherwise engaged.

gaged. I touched her, and felt through the membranes both hands and feet blended together. The *Os internum* being well dilated, I broke the membranes, disengaged the latter, and pulled them down to the passage; pushing up the head at the same time: by these means I finished the delivery.

I sought afterwards for the *Placenta*; but finding a more than usual resistance, I slid my hand along the chord into the *Uterus*, where I found the membranes and waters of a second child.

I gave a gentle pull to see if the first had not its own *Placenta*; but finding a resistance, I opened the membranes of the second, which presented like the former, and consequently required the same treatment.

Having divided the chords, I pulled them sometimes alternately, and sometimes together, but without effect; so was induced to introduce my hand a second time, and extracted two *Placentulas* firmly connected by an intervening membrane.

By this time I thought my labour ended; but was deceived: for in a few minutes after she complained of fresh pains; and on enquiry, it appeared to be a third child, which presented a right hand and foot. I introduced my left hand into the *Uterus*, and pushed up in order to get at the other foot; but the

*Uterus*



*Uterus* being strongly contracted to the body of the child, it was with great difficulty I accomplished it: the *Placenta* followed soon after.

## C A S E IX.

The delivery of three children; described in a letter from Dr. *Harvie*, London, 1761.

He was called to a patient about the latter end of the fourth month of her pregnancy; but she was as big as one come to the full time, and apprehensive of an ascites in the *Abdomen*: however, on examining the belly, and she being sensible of the motion of the *Fœtus*, she found the bigness proceeded from the stretching of the *Uterus*. Her complaints from this time till she fell in labour were chiefly cardialgia, vomiting, difficulty of breathing, and costiveness; for all which she was often bled, and seldom missed taking *Magnesia Alba*. From the constant vomiting she daily lost strength, and was much emaciated.

When she was taken with labour-pains he found the *Os Uteri* open to the diameter of half a crown, and the head of the child very low. Her pains being slow, and weak, he ordered a glyster, which operated. After which the pains went quite off. When he called next day, he was informed that the membranes were broke, that a large quantity  
of

of waters was come off, and still continuing to drain away ; and he was informed that she had not been so easy for four months ; for she could now breathe, and had taken some nourishment ; but had no pains.

He was again called the following day at one o'clock in the morning. The pains were not strong or frequent ; but the *Os Uteri* being sufficiently dilated, the child was born in about fifteen minutes.

After tying the navel-string, and giving the child to the nurse, he found the head of another presenting. At the first pain, he broke the membranes, and in two more this child was also delivered. After taking care of this, he found there was a third from the still great distention of the *Uterus* ; but the patient being faint, and in order to avoid the danger from the sudden emptying of the *Uterus*, he pinned a long towel moderately tight round the *Abdomen*, and gave her the following draught. *R. Confect. Damocrat. ʒß. Aq. Alexiter Simp. ʒiß. Aq. Nucis Mosch. ʒij. Tinct. Thebaic. Gt. xv. Syr. Alb. ʒi. M.*

Examining again, and not finding the membranes pushed down, or any part of the child ; and being apprehensive that it might present wrong, he searched higher, and found the head and membranes at the brim of the *Pelvis*. These being broke, this third child



child was delivered in the course of the next pain. Although the patient had hitherto lost but little blood; yet as there was more coming, and the woman was weak, he gently assisted and brought the *Placenta* away: two of them were joined together, and one separate.

By this time she was very faint; but the draught taking effect, she dropped asleep, and after some hours, so far recovered as to be able to bear the fatigue of shifting. She had a severe cough for three weeks before delivery, which gradually abated afterwards; and is now pretty well recovered. The children are three fine boys, alive and well.

He observes, that from several twin cases, which have fallen under his notice, he has reason to think that one principal evidence of a woman's being with child of more than one, is the *Uterus* rising much earlier up in the *Abdomen*, than is usual when there is only one. The above patient was as big at the latter end of the fourth month, as women are commonly at their full time.

### C A S E X.

Twins. The second child delivered in the seventh month, by Mr. *Giffard*, Case 151, *October 6, 1730.*

I was sent for about four o'clock in the morning to the wife of a snuff-box maker in

*Dean-*

*Dean-street*, near *Red-Lion Square*, who was, according to her calculation, about seven months gone with child. I had been with her about three months before, when she was under some apprehensions of miscarrying, and by proper applications I cured her at that time; but now one *Fœtus* was brought away before I was sent for. I would have immediately passed my hand in search of the *Placenta*; but the woman could not be readily persuaded to admit me, and made some struggle until she was overcome by the persuasions of her friends and the apprehension of the danger she was in, should it not be brought away; so that at last she permitted me to pass my whole hand into the *Vagina*, and soon to the *Os internum*, which I found so much contracted that it would scarcely admit the ends of four fingers. But, having by degrees dilated the orifice, I introduced my hand into the *Uterus*, and found something harder than a *Placenta*. This proved to be another *Fœtus* inclosed in its membranes, which were much distended by the waters.

I broke the membranes immediately with the ends of my fingers, and then putting my hand within them, I searched for the feet. The first part I met with was the head, which I passed by, and went on in search of the feet, and soon found one foot. This I brought



brought out, and as I had sufficiently dilated the *Os internum*, the *Fætus* being likewise very small, I judged I might easily draw it out by the leg already brought down, without giving her fresh pain, by passing up my hand again to fetch down the other.

I therefore took hold of the leg I had secured, and gently drew it forwards; I say gently, for if I had used any force, I might have torn it from the body, the leg being very small and tender: at the same time I advised the woman to assist by bearing down strongly, which much contributed to the bringing out of the hips, body, and head, all which soon followed. Upon passing up my hand to fetch the after-burthens, there being two entirely separate, I met with the burden of the *Fætus* first-born, protruded and lying in the *Vagina*; this I immediately brought away; and then repassing my hand, I found the other lying within the *Uterus*, but wholly separated from it, so that I had no more difficulty in bringing this than the former.

In the Memoirs of the Academy at *Paris*, *H.* 1727. page 15. 20. 21. is an account of two children delivered eight days after one another.

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## COLLECTION XXXVIII.

### Of monstrous Births.

[*Vide* Vol. I. Book 3. Chap. 5. Sect. 2.]

#### C A S E I.

The history below, is of two children adhering to one another at the side of the breasts and bellies: they have both hair-lips, and but one navel-string; the vessels separate as they enter the skin of their bellies, and each child has its own. Both were sent to me by the same gentleman, and are amongst my Collection of *Fætuses*, together with other useful preparations collected from time to time for the information and improvement of students; and now in the hands of Dr. *Harvie*, my successor in the teaching of midwifery.

S I R,

Agreeable to my promise, I have sent the preparation, which I hope will fully answer your expectation. The mother, who before had seven or eight children, miscarried with these at the end of twenty weeks, from her great uneasiness, she imagines in longing for a chop of bacon. She was taken at first with  
a con-



a considerable flooding, which was moderated by bleeding and anodyne medicines. The next day finding some strong pains, her midwife was sent for, who delivered her in a few hours; notwithstanding their smallness, and one of them presenting with the feet, she found great difficulty in extracting them, as you will see by the laceration of one of them which is stitched up again. They had no signs of life. The mother has since had two fine children. This happened in the year 1755.

It is remarkable of the father of these children, that he had no teeth before the age of one or two and twenty; but has now as good a set as ever I saw, and can lift up very great weights with them, &c. From *Henry North*, surgeon in *Stirminster Newton*, in the County of *Dorset*, 4th July, 1747.

## C A S E II.

A child born, in which part of the skull was wanting, 1747, from Mr. *Pierce* of *St. Thomas's Hospital*, apothecary.

It was a male child of an uncommon size in his body and limbs, with very broad shoulders, and a short thick brawny neck. The head was smaller than those of most infants that come in due season, as this did. The nose was broad and flat, the eyes full, large, and

and very prominent, so that the lids could not cover them, the ears were remarkably large and thick. There was no skull to cover the brain, and the edges of the bones of the lower part of the head were as straight and smooth as if they had been sawn asunder immediately above the orbits of the eyes. There was wanting the *Os Frontis* on the fore-part, and on the back-part almost the whole of the *Occipitis*. The *Ossa Bregmatis* were entirely wanting, and as there was no scalp, the brain was covered by nothing but the *pia* and *dura mater*, which looked of a dark livid colour, and was pushed out in divers places by the brain, so that it made an unequal surface for want of bones to confine it. This inequality and softness, together with the edge of the bones, was what surprised the midwife, and made her expect a more difficult delivery. The account then given by the mother, as the probable occasion of this disaster, is as follows:

Upon the ninth of *April* 1747, when she was near two months gone with child, she was grievously frightened with thinking on Lord *Lovat*, who was that day to be beheaded. Her husband was gone to see the execution among the crowd on *Tower-Hill*, and when the news came to her hearing, that a scaffold was fallen down, by which acci-



dent many people were hurt, and some killed on the spot, she immediately feared that her husband might be of the number, and was greatly affected. While she was under this dread and apprehension, an officious idle woman came to her and said, that a friend of hers, for whom she had a great regard, was killed on the spot, and that she saw his brains on the ground; upon this the poor woman put both her hands on her head in great agony, and immediately fainted away.

## C A S E I.

Philosophical Transactions, No. 65, p. 2096, an account of a monstrous birth by Dr. *Durston*, which had two heads, two necks, four arms and four legs perfect, and well shaped; but only one trunk. There was no appearance of lungs, and only one large heart, one midriff, one umbilical cord, one large liver, one stomach, four kidneys, two urinary bladders, two wombs. There was only one colon, which terminated in two *Intestina recta*. It weighed eight pounds and a quarter, and the length from head to foot was full eight inches and a half.

## C A S E II.

There is another monstrous female birth by Dr. *Samuel Morris*, No. 138. p. 961.  
There

There were two heads, and all the parts double above the *Diaphragm*; and single below, except the appearance of two stomachs. The *Uterus* was of a common size; but the *Clitoris* large: there were only two legs and two arms; the secundines were very large and weighed about eight pounds. One was dead, and the other just breathed.

C A S E S III. and IV.

Another account of a double birth, in which the children were joined at the breasts. No. 2. p. 21. They did not wake and sleep together. They also cried, sucked, and exonerated apart.

The same paper relates, there was such another birth in *Wales*, and the children lived so long till they could talk to each other; which they did in tears, when they thought that one must survive the other; but both happened to die together.

C A S E V.

A monstrous birth from Mr. *Robert Taylor*, much in the same kind as Cases 3. and 4. in the same Transactions, No. 308. p. 2245.

C A S E VI.

Philosophical Transactions, No. 453. p. 837.  
A monstrous boy seen at *Montpelier*, by Dr.



*Andrew Cantwell*, about thirteen years old, who bears the lower parts of another boy; the fore-parts of each face one another.

## C A S E VII.

Reflections on generation, and on monsters, by Dr. *Supervile*, Philosophical Transactions, No. 456. p. 294.

Besides the above cases, there are several other papers describing births, in which the bones of the upper part of the *Cranium* were wanting; in most of which the *Cerebrum* and *Cerebellum* were also wanting; those that were born alive died soon after the birth. *Vide* No. 99. p. 6157. No. 226. p. 439. No. 228. p. 553. No. 234. p. 717. No. 251. p. 141. No. 320. p. 310.

In the Philosophical Transactions, No. 487. p. 325. A letter from *John Huxham*, M. D. to *C. Mortimer*, M. D. concerning a child born with an extraordinary tumour near the *Anus*, containing some rudiments of an embryo.

In the Philosophical Transactions, No. 472. p. 10. An observation of a *Spina Bifida*, commonly so termed by *Geo. Aylet*, surgeon at *Windfor*.

In the Memoirs of the academy of sciences at *Paris*, M. 1701. p. 112; is an account of a *Fœtus*, found in the *Ovarium* of a woman.

In

In the same *H.* 1703. p. 43. an account of a puppy whelped without a *Gullet*, a circumstance proving that the *Fætus* could not be nourished but by the *Funis*.

In the same, *H.* 1711. p. 26. description of a *Fætus* without *Cerebrum*, *Cerebellum*, or *Spinal Marrow*.

*Id.* 1712. p. 40. of a male *Fætus* at its full time, which had neither brain nor *Spinal* marrow, and which lived twenty-one hours, and took some nourishment.

*Ibid.* *M.* 1732. p. 309. of a monstrous *Fætus* with two bodies, the one male, the other female.

In the *German Ephemerides* there is a great number of histories of such monstrous productions. *Vide* also *Ruysch*.

From *Mauriceau*.

In the 53d page, and 64th *Obs.* he mentions having seen a dead child of a woman lately delivered at seven months, of a very monstrous figure, having the arms and the feet quite misshapen, and the head without any neck joined immediately to the breast, having on the head instead of the brain a sort of thick flat cap or *Cawl*, like a red *Wen*. This had a production like a tail which reached along the *Spine* as far as the *Os Sacrum*; and on the right side of the navel

A a 3 there



there was a considerable livid tumour like a *Ventral Hernia*, in which several of the contents of the *Abdomen* were contained. This child had been dead some days before it was delivered, as appeared by the *Epidermis*, which came off easily; and the monstrous figure might be imputed to the disorder of mind and body, which a great fright or vexation the mother met with in the beginning of her gestation had thrown her into.

From *Mauriceau*.

In the 301st page, and 363d *Obs.* he mentioned his having delivered a woman of her first child, which had all the fleshy or muscular parts of its body quite hard and schirrous.

From *Mauriceau*.

In the 118th observation, and 63d page, he gives an account of his having delivered a woman in the eighth month, of a child whose head was of a monstrous figure, being without any brain, but instead of all the upper part of the head, there was only a reddish brown substance; there appeared likewise the inferior extremities of the *Occipital* bones, and the two eyes very prominent. Its feet were turned inwards. This monstrous conformation was ascribed to great fatigue in a journey.

He mentions having seen at the fair of *St. Lawrence*, two male children dead, whose bodies were joined together towards the upper part of the *Thorax*. The mother had been five months gone; but no particularities are mentioned at the birth.

*Mons. Lamotte*, book 4. chap. 14. gives several cases of mutilations and deformities in children.



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## COLLECTION XXXIX.

[*Vide* Vol. I. Book 3. Chap. 5. Sect. 3.]

The Cæsarian Section performed on the dead as well as the living subject.

### N U M B E R I.

#### C A S E I.

A case of flooding; the woman died suddenly, and was opened immediately, to save the child.

In the year 1747, I was called by a midwife to a woman who was attacked with a violent flooding; but she being unwilling that I should examine, and the discharge being stopped before I reached the house, I ordered a mixture of the *Tinctura Rosarum*, and liquid laudanum, to be given as there should be occasion; and desired them to send if it should again return.

She was within a fortnight of her full time; the discharge was sudden, in a large quantity, and soon stopped; she continued free all that day, till towards the evening; the flooding continued all night; and I was not called till next morning, when I found her

her excessively weak and low. Although she had no signs of labour, yet the *Os Uteri* was soft, and a little open, and something like either a coagulum of blood, or the *Placenta*, presenting. Before I had time to put her in a position for the delivery, she fainted away, was thrown into convulsions, and died instantly. As there were none but the husband and nurse present, I immediately sent for an apothecary, who lived at next door. All the by-standers being fully convinced of her death, I immediately made a large opening in the *Abdomen*, with a view to save the child. Though the woman was pretty fat, yet the *Parietes* of the *Abdomen* were thinner than I expected, from the large extension of the *Uterus*. I then made a large opening in the *Uterus* also, which was not a quarter of an inch thick. A large quantity of waters were immediately discharged into basons, in all about two quarts. I then extracted the child, which was large and plump, but had no signs of life, and seemed to have been dead several hours, by the stiffness of the joints. I now leisurely examined the *Uterus* and *Secundines*. The *Uterus* and the woman's body seemed to be quite destitute of blood; for scarce one drop appeared on opening the parts. I separated the membranes slowly, which adhered to the inside of the *Uterus*.

In



In this operation, I perceived little small filaments, like hairs, that were extended; and in separating, some shrunk into the *Uterus*, and some to the membranes. I found the *Placenta* adhering to the lower part and left side of the *Uterus*, and about three fingers breadth of it lying over the *Os Uteri*. I then also separated the *Placenta*, and found filaments about the size of hogs bristles, shrinking in as the former. All this part of the *Placenta* looked florid, but that which was disengaged, and over the *Os Uteri*, appeared livid, and split in the middle, which probably was the occasion of the child's death, by allowing the blood to be discharged from the *Placenta*. The woman had easy labours in her former children. The *Os Uteri* was thin, soft, and open to the breadth of half a crown. I dilated it with ease, which shewed, that if I had been sent for in the evening, she might have been safely delivered. The head presented; but in the hurry, I did not then observe the position of the body.

#### C A S E II.

A case in which the *Uterus* was opened, and every thing appeared much in the same manner as the former. In the year 1748.

The woman was turned of forty, of a gross habit, and had never bore a child. In  
the

the seventh month of her pregnancy she received a fall, that brought on a large discharge, which, however, by proper management, was soon restrained, though it commonly returned on the least motion or exercise.

About the middle of the eighth month I was called, when it had returned in larger quantity than before; but it diminished by degrees, and soon stopped altogether. What seemed to me most necessary at that juncture, was to keep up her strength by a nutritive diet, consisting of the lightest kind of food. But being apprehensive of danger from her great weakness, I advised the husband to call in a physician, who approved of what had been done, and ordered the same regimen to be continued. After this, she went on tolerably well, having now and then some small returns, though not so much as to require any other method; for the delivery could not have been attempted with any probability of success, even although the discharge had been in greater quantity, the *Os Internum* being close shut, and extremely rigid. Two or three weeks before her full time, she was taken with slight pains, upon which I was called, and found the *Os Internum* opened about the breadth of a six-pence, and within it a soft substance, that felt like  
the



the *Placenta*, or coagulated blood. As she had rested but indifferently the preceding night, was faint and weak, and had some small returns of the discharge, I desired a consultation with another of the profession, and the family being strangers in *England*, mentioned some of the most eminent in my own way. One of the women proposed Sir *Richard Maningham*, but he being engaged, Dr. *Sands* was sent for, who gave it as his opinion, that it was still proper to support her strength by broths and nourishing food, and more safe to wait until the slight pains should bring on the right labour, than to use any violence to deliver her immediately. I was again called about nine o'clock the same night, when she was taken all of a sudden with frequent faintings, in one of which she expired, as I entered the room. This sudden alteration prevented me from making any attempt, and indeed, had not this event happened, I should have been afraid of her dying in the operation, because of her gross and weak habit of body. Cases of this kind require the utmost prudence and caution. I have saved many women and children by immediate delivery, when the patients were not very low and weak, or wore out with frequent losses of blood, and when the discharge happened all of a sudden, in a good constitution,

constitution, the parts being open, soft, and used to extension by a former birth; but when the constitution is gross, the parts rigid, and the patient weakened by interrupted floodings, I have always practised the foregoing method, which has often been attended with success.

As soon as all present were satisfied that this person was dead, I opened her *Abdomen*, and having taken out the child, examined the *Uterus*. I found the *Placenta* firmly adhering to its inferior and posterior parts; about two fingers breadth of its lower edge was separated from the *Os Internum*, which it covered; and this was what Dr. *Sands* and I had felt in the morning. Having extracted the *Secundines*, I tried with my hand to open the *Os Internum* from the inside of the *Uterus*, which with great force I performed, not without tearing it about two inches on one side. By this it appears how difficult it is to dilate this part in women going of a first child, especially when they are pretty old. Indeed it is sometimes impossible to be done before they come to their full time, and even then, not until the parts are thin, soft, and largely opened by previous labours; as described in Collect. XXXV. Case 8th and 10th.



## C A S E III.

A case of flooding. The woman died, and the *Cæsarian* operation was performed immediately after. *Covent Garden, April 1747.*

The woman was above eight months gone with her fourth or fifth child. She had got up and fatigued herself pretty much in the morning, in consequence of which, she was seized with pains in the back. She tried to make water, and all of a sudden was taken with a violent flooding, which almost filled the chamber-pot. Her midwife, Mrs. *Draper*, being sent for, desired they would call me immediately. When I came, the flooding was stayed. I endeavoured to examine, but could not reach the *Os Uteri*, on account of her shivering. As she was easier, and not much weakened, they would not allow me to persist in my endeavours. I told her friends the danger to which she would be exposed, if the flooding returned with violence; and exhorted them in that case to send for me immediately. In the mean time, as her pulse was full, I ordered ten ounces of blood to be taken from her arm, directing her to keep in bed, and take frequently two spoonfuls of the following mixture. *Infus. Rosar. Rubr. ℥v. Elix. Vitrioli Gut. x. Syr. e Meconio,*

*e Meconio*, ℥i. and that a linen rag dipped in the following decoction should be put up the *Vagina*. *R. Cort. Granator. Querci. Flor. Balaustior. Rosar. Rubr. ā ℥i. coq. in Aq. Font. q. s. ad. ℥iv. colaturæ, Adde Alum. rup. ʒß. Vin. rubr. ℥ii.*

She was again attacked with the flooding about eleven at night, and sent for the midwife; and though she was not at home, they delayed calling me till about six in the morning. I felt her pulse, which I could scarce distinguish: her extremities were cold; a cold sweat had spread all over her face and breasts; and she could scarcely speak. I immediately ordered her a cordial *Julep* with *Tinctur. castor.* and *Sp. Salis Ammoniac.* and in the mean time gave her some warm red wine. Her vessels were so much emptied, that the flooding was serous and much stayed. I ordered ligatures above the knees, and elbows, and warm cloths and bricks to be applied to her feet and hands. All these steps were taken in order to recover her strength and spirits before I attempted to deliver; but before my directions could be put in practice she was taken with a violent convulsion, and expired immediately. I then proposed to try to save the child, if alive, by performing the Cæsarian operation, a proposal to which they agreed. In order to prevent reflections,



flections, and ascertain that the woman was really dead, I sent for the apothecary, and immediately opened the *Abdomen* and *Uterus*. Then I extracted the child; but felt no pulsation in the arteries of the *Funis Umbilicalis*; neither was there any pulsation felt at the heart. I rubbed the child's head with spirits, flapped the *Nates*, and shook the body to give pain and make it shrink. A nifus of this kind, operating on the nerves, sometimes stimulates the heart to contraction, and affords an easy admission of the air, to rush into the lungs. I then tried to inflate the lungs by blowing in at the child's mouth; but all these efforts were to no purpose, tho' made in less than four minutes after the mother expired. The child was plump and full grown: the scrotum and lips were not livid: but the joints were a little rigid, a circumstance which denoted that it had been dead some hours.

I now examined more narrowly the following particulars. On opening the woman I found the parietes of the *Abdomen* thin and tense from the stretching of the *Uterus*. I made the incision with an armed lancet, which was the instrument easiest procured, from the navel along the *Linea Alba*, to the *Ossa Pubis*, through the integuments and *Peritoneum*. The *Uterus*, which was fully distended

with

with the waters, appeared thro' the openings, and stretched the lips several inches from each other. I then opened the *Uterus* which was about three-eighths of an inch thick; there seemed to be about three or four pints of water contained in the membranes. When I came to examine the adhesion of the membranes and *Placenta*, I found the membranes adhering every where to the *Uterus*; and on separating them slowly, observed every where little small filaments like hairs extended from the one to the other. The *Placenta* adhered to the back, and lower part of the *Uterus*. I introduced my finger up the *Vagina* to the *Os Uteri*, which was opened about half an inch, and found the lower edge of the *Placenta* covering it on the inside, adhering all round it, and also firmly adhering all along the lower and back part of the *Uterus*. This I separated slowly from the *Uterus*; and here likewise appeared filaments rising from the one to the other, as in the membranes; but as large as hogs bristles. But there was a greater roughness or inequality, resembling small indentations in that part of the *Uterus*, and not so smooth as where the membranes adhered. There was no red blood in the vessels to be seen, because the body was quite exhausted. Where the *Uterus* was opened, there appeared the mouths of a great num-



ber of vessels, some of them half an inch in diameter. The flooding seemed to proceed from the position of the *Placenta* over the *Os Uteri*, which always happens when the *Placenta* presents first. The head of the child was turned down to the *Os internum*.

## N U M B E R II.

*Mons. Lamotte*, in book 5. chap. 11, mentions some cases from other authors, and gives several himself, in which the passage to the *Uterus* was shut up by callosities. But he opened, and made way for the birth of the children, without being obliged to perform the Cæsarian operation. *Vide Collect. XXXI. Case 27.*

## N U M B E R II. C A S E I.

From the Medical Essays of *Edinburgh*, Vol. 5.

Art. 37. The Cæsarian operation performed with success by a midwife; described by Mr. *Duncan Stewart*, surgeon in *Dungannon* in the county of *Tyrone*, *Ireland*.

The histories of the Cæsarian operation being so few, I send you the following: *Alice O Neal*, aged about thirty-three years, wife to a poor farmer near *Charlemont*, and mother to several children, in *January 1738-9*, was taken in labour, but could not be delivered of her child by several women who attempted it. She remained in this condition  
twelve

twelve days; the child was thought to be dead after the third day. *Mary Donally*, an illiterate woman, but eminent among the common people for extracting dead births, being then called, tried also to deliver her in the common way; and her attempts not succeeding, performed the Cæsarian operation, by cutting with a razor first the containing parts of the *Abdomen*, and then the *Uterus*; at the aperture of which she took out the child and *secundines*. The upper part of the incision was an inch higher, and to one side of the navel, and was continued downwards, in the middle betwixt the right *Orium* and the *Linea Alba*. She held the lips of the wound together with her hand till one went a mile, and returned with filk, and the common needles which taylors use. With these she joined the lips in the manner of the stitch, employed ordinarily for the harelip; and dressed the wound with whites of eggs, as she told me some days after, when led by curiosity I visited the poor woman who had undergone the operation. The cure was completed with salves of the midwife's own compounding.

In about twenty-seven days, the patient was able to walk a mile on foot, and came to me in a farmer's house, where she shewed me the wound covered with a cicatrice; but



she complained of her belly hanging outwards on the right side, where I observed a tumour as large as a child's head ; and she was distressed with a *Fluor Albus*, for which I gave her some medicines, and advised her to drink decoctions of the vulnerary plants, and to support the side of her belly with a bandage. The patient has enjoyed very good health ever since, manages her family affairs, and has frequently walked to market in this town, which is six miles distance from her own house.

The following is from Dr. *King* in the same volume, Article 38. There is another woman lying within five miles of this place, from whom a midwife took a child by the Cæsarian operation near two years ago ; I saw the poor woman soon after, and drew out the needles which the midwife had left to keep the lips of the wound together. I perceived the muscles contracted into a lump at the lower part of the belly, which increased, and at last broke and ran considerably. This woman is capable of doing something for her family, with the assistance of a large bandage, which keeps in her intestines. This child, which I saw, was not *Extra Uterine* ; for several beside the midwife assured me, that a leg of it presented itself to view in the *Vagina* before the operation.

*Armagh,*

*Armagh, 23 October 1740.*

By comparing the time and the distance of *Charlemont* from *Armagh*, as mentioned in this last part of Dr. King's letter with Mr. *Stewart's*, it probably must be the same woman's case, which both of them relate.

NUMBER II. CASE II.

The Cæsarian operation performed by Mr. *Smith*, surgeon in *Edinburgh*, communicated to me, and inclosed in the following letter by Dr. *Adam Austen*.

S I R,

Inclosed I send you the case of a woman that underwent the Cæsarian operation. The only remarkable circumstance in it is, that the impregnated *Uterus* may be cut without any considerable *Hæmorrhage* : but it is such a dangerous operation, that it ought never to be performed, if there is the least probability of bringing away the child in any shape. I was present when Mr. *Smith* performed the operation, and recollect the sudden contraction of the *Uterus*, which I suppose prevented the *Hæmorrhage*. Yours,

*Edinburgh, July 28,  
1758.*

*A. A.*



I was sent for to — *Paterfon*, a drummer's wife in the *Canongate*, June 28, 1737, about ten at night, who had been in labour for six days. She was one of the least women I ever saw, and prodigiously deformed.

I touched her, and found something in the *Vagina* so large, that I at first took it for the head of the child; but soon found I was mistaken, for examining more attentively, I found towards the *Os Pubis*, the *Os Uteri*, thick, high, and a very little dilated, and through it I felt distinctly the child's head. What I at first took for it, proved to be the *Os Coccygis* of a very extraordinary size and shape, turned inwards quite cross the *Vagina*, and reaching almost to the fore-part of it. About an inch and a half, or two inches above the extremity of the *Os Coccygis*, I felt the *Ossa Pubis*, not forming a convexity outwards, as they do in a natural state; but were depressed inwards, so that I could scarce get up two fingers betwixt this monstrous *Os Coccygis* and the *Ossa Pubis*. The woman being much fatigued with pains and want of sleep, I ordered an opium pill to procure rest.

I visited her next morning, and found she had slept some hours; but after she awaked she had had violent pains—Upon touching  
I found

I found the *Os Uteri* a little more dilated, so that I could feel about the breadth of half a crown of the child's head.—The constriction of the parts was such, that it was impossible to deliver her in any shape; I therefore endeavoured with all my strength to press downwards and backwards the *Os Coccygis*; but in vain. I then told the women that were about her, that it was impossible to deliver her; they begged me to try any method however desperate. One of them proposed a crotchet, but the passage between the bones of the *Pelvis* was so narrow and so crooked, that it seemed to me absolutely impossible to bring away a child in any shape through them. I promised to pay another visit soon, and to bring some of my brethren along with me, and to give her all the assistance we could.

Accordingly several of my brethren visited my patient along with me, viz. Dr. *John Lermont*, Mr. *Drummond* surgeon and man-midwife, &c. who were unanimously of opinion, that the child could never be brought through the *Vagina*, and that the only chance she had for life, and even that a very small one, was to undergo the Cæsarian section. This was told the woman and her friends; and to prevent any reflections afterwards, we repeated in the strongest terms, the great dan-



ger the woman would run in the operation, and that possibly she might die in our hands ; but they were resolved to run all risques.

Accordingly ten at night was appointed for the operation. The following gentlemen were present, Dr. *Monro*, professor of anatomy, Dr. *John Lermont*, Dr. *James Dundass*, Mr. *Drummond*, Mr. *Osborn*, Mr. *Gibson*, Mr. *Douglas*, surgeons.

The instruments and dressings, as follow.

1. A common scalpel. 2. A pair of crooked scissors. 3. Two needles threaded. 4. Four large needles threaded for the *Gastroraphia*. 5. Scraped lint. 6. A large compress, napkin and scapulary. 7. Ink. 8. A cordial to be given during the operation.

The patient was laid on her back on a table covered with blankets, with a pillow below her head. Her body being secured, I seated myself at her right side. I drew a line with ink about six inches in length, parallel to the *Linea Alba*, and four inches distant from it, in order to avoid cutting the *musculus rectus*. I then with a convex scalpel made an incision along the black line, thro' the teguments and fat. In the middle of the section I gently cut thro' the muscles and *Peritoneum*, so as to get in the fore-finger of the left hand, upon which with the crook-  
ed

ed scissars I enlarged the wound upwards and downwards, equal to the black line I had made in the skin. The *Epigastrick* artery was opened, which I immediately stitched.

I then cut into the *Uterus*, and tore the membranes containing the child; but as the child was large, I found the incision in the *Abdomen* too small, I was obliged to enlarge it upwards to the short ribs, and downwards to the *Ossa Pubis*, the *Uterus* in proportion. I then extracted the child without any violence, afterwards the *Placenta* and the membranes. I put my hand again into the *Uterus* and brought away some coagulated blood. The child was dead but quite fresh. I reduced a little of the gut that came down, and made the *Gastroraphia* at three stitches without any peg.

After the first stitch the gut gave me no more trouble. I covered the wound with soft pledgets, applied a large compress, and over all the napkin and scapulary.

The poor woman bore the operation with great courage. After she was put to bed, she took a quieting draught with *Laudanum*, and a bottle of *Emulsion* for ordinary drink. She did not lose above four or five ounces of blood during the operation. In the night she bled a little, but it stopped before I got to her; she had not slept, but otherwise was



was tolerably well. Next day I visited her, she told me she had had some slumbers in the morning. About twelve o'clock she complained of sickness at her stomach, with an inclination to vomit; her pulse was then very frequent and small. She gradually grew weaker and weaker, and died about four in the afternoon. There came not away above two tea-spoonfuls of blood from the *Vagina*, the *Uterus* was at least one inch and a half thick.

Her friends would not allow her body to be opened.

In the memoirs of the academy of surgeons at *Paris*, which are now translated, and published by Mr. *Neal*, surgeon of the *London* hospital, there are a great many cases, and also the disputes for and against performing the *Cæsarian* operation on women when alive.

Laceration.

☞ COLLECTION XL.

[*Vide* Vol. I. Book IV. Chap. I. Sect. I.]

NUMBER I. CASE I.

I was called by the friends of a young woman in *Park-Street*, who had been delivered of her first child by her aunt, who was a midwife in the country at some distance. The fifth day after the delivery, the nurse had alarmed the young creature and friends by telling them that she was tore. I examined and found that the *Frenum Labiorum* was rent; but not the *Sphincter Ani*. They were all exclaiming against the midwife. I told them that such things would sometimes happen, even to the best practitioners; that there was no danger, and that the parts would recover and contract. The great anxiety of the patient was on account of her husband, who was then abroad; she feared that this misfortune would cool his affection, I made her easier by assuring her, that if she kept the secret, he would know nothing of the matter. I have indeed had cases, tho' seldom, in which this accident has happened;



pened; and from knowing that it commonly occasioned great anxiety to the patient, I spoke privately to the nurse, as in the following case.

## C A S E II.

I attended an elderly woman of her first child; the head was large, the *Perinæum* was largely stretched and very thin. I held the flat of my hand against it during every pain, to prevent laceration by the head's coming out too suddenly. The pains were very strong: and when one was over, I withdrew my hand to get some pomatum, to lubricate the parts. In this interval a pain coming on sooner than I expected, and before I could introduce my hand to guard the parts, the head was delivered, and the parts were tore, as in the former case. I told the nurse the misfortune, but desired her not to mention it, because it would make the patient uneasy, and give her, the nurse, much trouble. I assured her the parts would recover, and no bad consequence ensue.

I was desired by Dr. *Simpson* in *Spittle-Square*, to visit a woman whom another practitioner had delivered, and where he had stitched the *Perinæum* after it had been rent in labour. The pain and inflammation were very great, and the stitches did not seem to be

be of any service. I therefore advised to take them out, the patient was easier, the inflammation abated, and the parts recovered.

### C A S E III.

I was called by a midwife to a woman on the fifteenth day after delivery. The *Perinæum*, *Vagina* and *Rectum*, were tore into one about the length of two inches, which prevented the retention of the *Fæces*. The edges of the lacerated parts were beginning to skin over. I attempted with scissars to pare the edges, as in the hair-lip; but could not possibly hold the parts so as to effect this purpose. I then armed a lancet, and with the point scarified them, and with great difficulty made two deep stitches through the *Vagina* and *Rectum*, and two in the *Perinæum*; but in two days this brought on a large inflammation, and the stitches all tore out. The parts digested and skinned over; but did not cement or join together: however, they contracted in such a manner, that in three months after she could retain her excrements.

### C A S E S IV. and V.

I attended in two days at different times, where the labours had been both tedious from large children. The external parts were much inflamed, and mortified sloughs  
were



were discharged from the *Vagina*, after which the urine followed involuntarily into the *Vagina*. On examining I found a passage from the bladder into the former. They both had made water freely for several days before I was called, so that I was certain the openings into the *Vagina* proceeded from one of the mortified sloughs casting off from the parts. I tried in the first, to make a future to bring on an inflammation so as to contract the opening, but could not succeed : and they continued in that miserable situation.

## C A S E VI.

I was called by Dr. *Thomson* in *Camberwell*, to assist him in delivering a woman where the arm of the child presented. He told me that the woman had been so tore in a former delivery, that she could with difficulty retain her excrements. Some time after her recovery, we examined the parts, and advised with others, but found it was impossible to pare the parts so as to get them to unite with the *Suture*. Besides, the *Vagina* and *Rectum*, where the laceration ended, felt so thin that they could not join at that part. One of my pupils told me he had succeeded in a case, where only the *Perinæum* was tore, by making immediately the twisted future, as in the hare-lip : however, as rents of the

*Perinæum*

*Perinaeum* only are of little consequence, I never tried that method, imagining it dangerous to expose the woman so soon after delivery; and where the *Vagina* and *Rectum* are tore into one, it is impossible to use the twisted future. This last case is of more consequence, on account of the involuntary discharge of the *Fæces*: though in time the parts by degrees recover in some measure their retentive faculty.

I was indeed informed by several gentlemen of the profession, of an old rough practitioner at some distance from *London*, who when called in laborious cases, delivers immediately with crotchet or forceps; tears the parts, stitches them up, and as the common phrase is, makes surgeon's work: from which practice he has got the name of *Dr. Pip*, from his young competitors.

### C A S E VII.

A woman in 1730, from a distorted *Pelvis* had lost her child in a former labour, and was in labour of the second, which proved tedious also. I was called, and just as the head was delivered entered the room; but as the child stuck at the shoulders, I delivered the body in a succeeding pain. On introducing my hand into the *Vagina*, I was surprised to find part of it tore from  
8 the



the right side of the *Os Uteri* about three fingers breadth. The *Placenta* soon followed, after which I again examined and was certain of the laceration, only the rent felt smaller, and the *Os Uteri* was a little tore also on that side. This being at some distance in the country, I desired she would stir as little as possible. I was afraid of the worst from the laceration of these parts. The child was dead; but the woman recovered without any bad symptoms. I delivered her afterwards of another which was small and alive, and I found a large gap or chasm at the side of the *Os Uteri*. I have had some others, in which I have been sensible of the *Os Uteri*'s having been rent; but never found it of bad consequence, unless the patient was thrown into a fever by bad management, or other dangerous symptoms. These might bring on a mortification sooner in the *Uterus*, by the inflammation at that part, in consequence of the rent. I must except, however, Cases 10th and 16th of Collection XXXV. *Vide* also Collection XXXI. Case 28. Collection XXXIII. No. 2, Case 9th.

## C A S E VIII.

A case, in which the *Uterus* was tore, and the child delivered with the crotchet.

An old servant of Mr. *Buchanan's* in *Covington* in the county of *Lanerk*, was about forty when in labour of her first child. She had been ricketty when a child, and for several years was troubled with an asthma, and had recovered two or three times of an anasarca, that affected all the *Membrana Cellulosa* on the surface of her body. When I was called to her in labour, the dropfical swelling prevailed to a greater degree than formerly. She had been several days in labour: the membranes were not broke, and no waters could be felt: the head presented, and was squeezed down into a very narrow *Pelvis*. She was much sunk, and her pains diminished. During the time when the pains were strongest, she felt as if something in her belly had tore or given way on a sudden, and as if her belly was grown flatter, and less stretched. The *Pelvis* was so narrow, that there was a necessity to deliver by opening the head, and extracting the child with a crotchet, as directed above. On introducing the hand to deliver the *Placenta*, the *Uterus* was found tore at the *Fundus*, and the intestines pushed down. The *Placenta*



was cautiously delivered, and the intestines returned. The *Uterus* felt lax, there was no great flooding. In order to avoid reflections, this accident was kept secret. The torn part was so large as to admit the hand to pass it. She seemed perfectly free from pain, but very weak; had no vomitings, convulsions, or floodings, and lived for ten or twelve hours afterwards.

### C A S E IX.

A case in which the *Uterus* was tore. In a letter from Mr. —, dated 1746.

About two months ago, I was called to a poor woman, who had been in travel for eight days. When I came, the midwife, a perfect goddess with the good women, had left the unhappy woman with this expression, that she had no travel pains, and would not be delivered before she had more pains. But when I came, I found her in the lowest condition a woman could be in and alive; for I could not perceive any pulsation of her arteries. Much against my inclination, I was persuaded by some of her friends, and after examination found the *Os Tincæ* so much dilated as to admit four of my fingers. I found likewise the chin of the *Fætus* presenting, and resting on the *Os Pubis* of the mother. The waters were voided long before. I  
immediately

immediately endeavoured to grasp one of it<sup>s</sup> legs, which I found, and soon delivered the woman of a dead child; but when I again introduced my hand into the *Uterus*, to my great trouble I found the intestines. She had been frightened the day she was first taken in labour. According to your prudent advice, I spoke nothing of the matter, but pronounced her a dead woman, and she accordingly expired in less than six hours after.

*Lamotte* book 4. chap. 5. gives two cases, in which the *Uterus* was tore by the violence of the pains. One woman lived three days after, and the other four. In one of them, when opened, the rent part where the child had passed through, was so contracted as just to admit the end of the little finger.

In the memoirs of the Academy of Sciences, *H.* 1724, p. 36—52. are cases of lacerations of the womb in delivery.

*Mauriceau*, in observation 577,

Gives an account of a little woman whom he saw two months after she was delivered, who had an involuntary discharge of urine from a long tedious labour, which occasioned a suppuration in the *Vagina* and bladder. From this a fistula remained, and through it the urine passed. He gives two more cases of the same kind.



*Vide Lamotte* book 5. chap. 5. on contusions, and lacerations.

## NUMBER II. CASE I.

Inflammations of the *Pudenda*.

A woman complained after the third day, of a pain and hardness in the right *Lab. Pudendi*. On examining and enquiry, I found the swelling and pain began to be perceived only the night before. I ordered stupes to be applied, wrung out of a decoction of emollient herbs, and to be repeated frequently, and in the intervals directed them to anoint the parts with *Ungt. Sambuci*, by which method the swelling subsided; the pain abated, and in four or five days, disappeared entirely.

## CASE II.

Inflammations of the *Pudenda*.

The day after a severe and tedious labour, the external parts of a woman in her first child, were so excessively swelled, that she could neither make water nor go to stool, altho' she had an inclination, and had tried frequently. I prescribed the same method as above, only instead of the emollient ointment, I advised a large poultice of bread and milk to be applied and renewed after every stuping. Next day the swelling was so abated,

ed, that the patient made water freely, and went to stool; and the whole complaint, by the continuance of those applications went off by degrees, so that the woman recovered. *Vide Collect. XIV. No. 3. Case 3.*

C A S E III. On inflammations.

I was called by a midwife to a woman the fifth day after delivery. The labour had been tedious and severe, occasioned by a large child; the external parts were very much swelled and livid; the pain from the inflammation had been very great; but was then a little abated; a circumstance which made me afraid that she was in danger of a mortification: however, I was in hopes from her having had a plentiful discharge of the *Lochia*, which still continued, that the *Uterus* was not affected. She had also made water several times, although with difficulty; but had no stool. After she was relieved by a glyster, I ordered a fomentation of the emollient herbs with some spirit of wine and *Sal Armoniac*, with which the parts were frequently stuped and fomented. An emollient cataplasm of bread and milk was applied; after every fomentation the swelling and pains abated more and more. About the ninth day several mortified sloughs cast off, both from the *Labia* and *Vagina*. The cata-



plafms were continued, and a large doſſil dipped in digeſtive, and kept in the *Vagina*, to prevent contractions, or coalitions. The parts recovered.

## C A S E IV.

Inflammation of the *Uterus* and neighbouring parts.

Being called in 1725 to a woman on the third day after delivery of her firſt child, and finding that ſhe complained of much pain and hardneſs above the *Pubis*, I examined the *Abdomen* with the hand below the bed-clothes, and found the ſubſtance of the ſame harder and larger than it uſually felt. I was certain that it could not be from any diſtention of the *Vefica Urinaria*, becauſe ſhe had made water frequently. I was told that the labour was long and tedious: that ſhe had in time of it preſſed her belly againſt the lid of a high cheſt; that ſhe complained of the pain immediately after delivery, and was in torment ever ſince.

I was much ſurpriſed to find that altho' the pain had prevented ſleep, yet there had been and ſtill was a plentiful diſcharge, and but little fever. I imagined that the complaint proceeded from the external parts that had ſuffered from a contuſion, by the imprudent forcing them againſt ſo hard a ſubſtance; her pulse being a little quick, ſhe was blooded

in the arm to the amount of about six ounces. An emollient glyster gave her a plentiful stool; the *Abdomen* was stuped or fomented with milk, water, and a little brandy; and a poultice of fresh cow-dung softened with fresh butter, was laid all over the *Abdomen*.

These were the only remedies then to be had. I gave her ten grains of the *Pil. Matthæi*, she had a pretty good night: but when the effect of the opiate was over, the pains returned in the morning. The *Abdomen* was again stuped with a decoction of the emollient herbs, and a cataplasm of loaf bread applied, as the smell of the former was disagreeable to the patient. These applications were repeated twice a day, and in two days more, the pain, tension, and hardness abated, and the patient recovered.

#### C A S E V.

An inflammation supposed to be in the right *Ovarium* and *Ligaments* of the *Uterus*.

In the year 1751, I was called to a woman on the fifth day after delivery. She told me, that the midwife gave her great pain in tearing (as she called it) the *Placenta* from her right side; and that she had sent for me to examine a swelling there, which she felt with her hand. She was a lean woman: I felt the *Uterus* contracted like a round ball; but on



the right side a substance about the size of a goose egg; from this proceeded a round and long substance about the thickness of two fingers, which ended at the groin of that side: the examination of these particulars gave her great pain. Much the same method was used to this woman, as in the former case, *viz.* venesection, glysters, fomentations, and emollient cataplasms; besides proper management as to the six non-naturals, and keeping her in breathing sweats. The swelling on the right side diminished; but she was not free from pain till after the twentieth day.

#### C A S E VI.

Another, proceeding from much the same cause.

A gentlewoman in her second child had been delivered by a male practitioner who gave her great pain in delivering the *Placenta*; and this had continued less or more ever since. I was bespoke to attend her in the next labour, when she had an easy time; the *Placenta* came down of itself, but in order to satisfy her and myself, I introduced my hand into the *Uterus* to examine. I found all sound on the inside; nothing of any kind of tumour, hardness, or unequal contraction to account for the violent pains that she formerly

merly complained of. By proper care and management she recovered, and was free of former pain for four weeks, which afforded great hopes of a perfect cure; but it afterwards returned with as great violence as before.

I have delivered her three times since, and her labours have been safe and easy. She was always free from the pains for three or four weeks after. It is also remarkable that she was always easier when with child, from which circumstance her husband used to allege that he was the best doctor.

The pains were mostly on the right side towards the groin, but they extended quite round her back and loins. The principal physicians in *London* were consulted from time to time; and she tried many different remedies; including the cold and hot baths, with all kinds of anodynes and evacuations; but she was not in the least relieved; neither could any of the profession find out the cause of the excruciating pains; which in general passed for a nervous rheumatism.

Finding her free from these pains after delivery, when she kept in bed, and before she went abroad; I after the next delivery kept her longer in bed, and in breathing sweats; but notwithstanding this caution, the  
pains



pains returned, and did not abate of their violence, till she was again with child.

## C A S E VII.

A case of a violent inflammation of the *Uterus*, an imposthume forming, and discharged at the navel.

In *February* 1748, I was called to Mrs. S—— in *Holborn*, who came on purpose from the country to be delivered of her first child. The child presented fair, yet she was in strong labour for five or six hours: the night was cold, and she over-reached and strained herself too much by hanging on women's shoulders, and backs of chairs, and was at the latter end quite unmanageable. She would not go to bed when it was necessary; but tumbled about on the floor. At last she was safely delivered of the child and *secundines*; the bed was in a large closet with no fire-place in it. She was much better next day than I expected; but complained of pains in her arms, back, and haunches, from her overstraining these parts in time of labour. Her nurse being taken ill, could not attend her so much as was necessary, so that she caught more cold; and the perspiration stopped. She was attacked on the third day with violent pains in her belly, and had no appearance

appearance of milk in her breasts: in consequence of taking a sudorific and opiate, she rested better, sweated much, and was easier next day. The discharge of the *Lochia* was in sufficient quantity; but her pulse was low and quick. The pains returned at night; she had little rest, and did not sweat. On the first day, a hardness and swelling had been perceived above the *Os Pubis*, and the pain increased. I ordered *Elect. Mithridat.* ℥i. to be taken every eight hours, with the following draught. *R. Aq. Cinnamomi* ℥i℥. *Cinnamom. Vinos* ℥℥. *Tinct. Castor. Sp. Cor. Cervi a* *Gt.* xxx. *Syr. Croci* ℥℥. I also prescribed a paregoric draught to be taken at night. *R. Aq. Alexiter. Simp.* ℥i℥. *Nucis Moschat. Vinos* ℥ij. *Tinct. Paregor. Gt.* xxx. *Syr. e Meconio.* ℥℥. She had no drought; her pulse was low, and she was naturally of a lax habit of body: she rested better and had plentiful sweats; but the *Lochia* had a bad smell, and I suspected that a gangrene was beginning. I ordered her belly to be fomented with bladders filled half full of water as hot as she could endure it. The boluses and draughts were continued; her pains and tension of the belly diminished; the discharge of the *Lochia* increased; as she had pains in her back and was costive, I ordered an emollient glyster with ʒj. of *Sal Nitri* in it, which gave her

two



two motions. This relieved the pains considerably, but on the sixth night they returned, and the swelling and hardness increased on the left side, as high as the navel. The pain was so acute, that she took two of the paregoric draughts in two hours before she was relieved. This method was continued till the eighth day, when she was taken with a violent looseness. She seemed at first relieved by the stools, of the swelling and pain: but as they weakened her much, I was obliged to check them by ordering *Aq. Cinnam. Simp.* ℥iv. *Cinnam. Vinos* ℥i. *Elect. e Scordio.* ℥ß. *Syr. e Meconio* ℥i. four spoonfuls to be taken every two hours, or as there should be occasion. Her common drink was rice gruel with red wine and the white decoction; she had the paregoric draught repeated at night, the looseness went off: she rested and sweated that night, and was tolerably easy next day; but the swelling and hardness of the belly were removed. She continued in this way to the twentieth day, being obliged to take the draught every night. She had frequent returns of the loose stools, about two or three, or four in a day; but when they recurred too frequent, the former mixture was repeated, with the *Decoct. Alb.* She frequently took harts-horn jellies and broths to keep up her strength. All this time she had no cold shiverings,

shiverings, although I suspected from the seventh or eighth day that an imposthume was forming; but I was in hopes, as there was a large discharge of the *Lochia*, of a reddish colour and a good smell, although it did not diminish with the loose stools, yet it might in time carry off her disorder. This, however, did not happen. An abscess broke at the navel on the twenty-ninth day; and a large quantity of matter was discharged: this relieved her of all her pains; but every now and then, when the discharge stopped, the tumour and pains returned, and were relieved by the matter forcing its way afresh, or dilating the opening. The discharge continued several weeks, by which she was much weakened; but at last she recovered.

#### C A S E VIII.

As there are seldom inflammations in the *Uterus* without obstructions of the *Lochia*, and seldom obstructions of the *Lochia*, but there must be more or less of an inflammation of the *Uterus*, they might be joined together. But as I have planned cases to illustrate the first volume, I shall for method's sake give some in this place, as well as in the other.

In the year 1725, I was called to a woman on the ninth day after delivery of her first



first child. The labour had been tedious, but safe; for three days she seemed to be in a good way; but her attendants imagining she ought to be supported with cordials, gave her punch for her common drink. This threw her into a fever, and produced violent pains in the lower part of the *Abdomen*. The *Lochia* were obstructed, and the pains grew very weak. I was told on my arrival, that the pains had begun to abate, and she was much better.

I found her pulse quick, low, and small, with an intermission now and then; the *Abdomen* much tumefied and hard; a small discharge on the cloths of a brown colour, and cadaverous smell. All these bad symptoms shewed plainly that she was in imminent danger, and that the reason of her pains abating, proceeded from a begun mortification of the *Uterus*. The friends were much surprised when I told them of the hazard, for they imagined she was out of danger. In a few hours she was attacked with the singultus, grew delirious, and died next morning.

As the cortex was not then known to be efficacious in mortifications; and indeed, in this case, as proceeding from a violent inflammation, and not from weakness, I am afraid could have been of little service, I ordered

dered some warm medicines and fomentations, viz. first warm stupes with the aromatic herbs, and a large epithem of *Theriac. Venet.* applied to the *Abdomen*; and internally a mixture, four spoonfuls to be taken frequently, of *Aq. Pulegij, Theriacalis, ā ziiij. Syr. Croci q. s.*



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COLLECTION XLI.

[*Vide* Vol. I. Book 4. Chap. 1. Sect. 2.]

## NUMBER I. CASE I.

I attended and delivered an officer's lady of her first child. The labour was safe and easy; but I was surprised, when I visited her next day, to find her up and dressed. I entreated her to undress and go to bed, that she might get into a breathing sweat as soon as possible; and I enlarged upon the bad consequences that would follow this misconduct. She had heard at second-hand from gentlemen in the army, of women delivered in the camp, and on a march, who nevertheless recovered very well; and she declared, that as she was resolved to follow the camp, she designed to use herself to that way of life. I told her, that although some might escape in cases of extreme necessity, yet many no doubt had suffered on such occasions; and I observed that women used to hard labour, and the inclemency of the weather, would suffer less than those who were bred more delicately. About an hour after I left her, she was taken with violent pains in the *Abdomen*, and a cold shivering; on which the nurse undressed,  
and

and put her to bed. She then gave her some warm caudle, covered her with a heap of clothes, and sent for me. By the time I arrived, she was thrown into a plentiful sweat, and the pains had abated. I desired the nurse, when the pains were entirely gone, to take off some of the superfluous clothes; but to continue enough to keep her in a breathing sweat. This management of the nurse prevented any bad accident, and the patient recovered very well; but was so afraid, that I could scarce persuade her, even after the ninth day, to get out of bed.

C A S E II.

A soldier's wife, who is now a widow, and nurse in *London*, told me, that she was delivered of a child in a wood, at *Dettingen*, in time of the engagement; after which she was carried in a cart with others, in a rainy night, several miles. By the cold and fatigue she was thrown into a fever, and became delirious for some days; yet recovered, though with great difficulty. *Vide Collect. XXXIII. No. 2. Case 10.*

C A S E III.

In the beginning of my practice, I was sent for in a cold frosty night, to a poor woman at some distance in the country, who



had been safely delivered. As she was excessively cold all the time of labour, from the badness of the house, the want of clothes, and necessaries of life, I gave her husband some money, to go to an alehouse at a mile distance, and bring from thence something comfortable. I left directions with the midwife to get her warm as soon as possible.

The fellow got drunk, and did not return for several hours. I was told afterwards that the cold and shivering continued, and the poor creature died next morning.

Indeed, as there was little or no fuel for fire, both the midwife and I caught severe colds; for it was a lone house, and at a distance from any inhabited neighbourhood.

#### C A S E IV.

The effects of hot air.

Some years ago, when the summer was uncommonly hot in *London*, I was called to a patient in labour. There was a fire in the room, which was so hot and suffocating, that the woman and attendants and myself were scarcely able to breathe. I immediately ordered the fire to be extinguished; the windows and door of the room to be set wide open, and some of the clothes to be taken off the bed. The ignorant nurse had demanded a fire to warm the clothes or clouts, and put  
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as many blankets on the bed as were used in cold weather. As she imagined warm and nourishing things were best, she had also mixed plenty of wine and spicery in the caudle.

When I examined, I found the labour pretty far advanced; but my patient was very hot, having a quick full pulse, accompanied with a great drought.

Being afraid of the bad consequence of these violent symptoms, I immediately ordered twelve ounces of blood to be taken from her arm; and directed her to drink barley-water acidulated with juice of lemon. The symptoms abated, and she was safely delivered in about an hour after my arrival: The discharges being in a sufficient quantity, I ordered her to be kept quiet, and to drink plentifully of barley-water without the lemon. The room being now pretty cool, the window was shut, but the door left open.

Next day, as it was still scorching hot, I ordered a window towards the north to be kept open, some mallows were strewed in the room, and placed on the tables and drawers; flowers were set in pots, and these were sprinkled every now and then with cold water. The patient being still hot and dry, and the pulse a little quick, I desired her to continue the



barley-water for drink, and also to take between whiles some water-gruel, with a very little white-wine, and toasted bread for nourishment. By this method the fever was abated, and she recovered better than I expected.

During the same tract of hot weather, I attended several patients in labour; and the same cautious methods being used, they all recovered. I remember, by way of precaution, I ordered each of them to lose about six or eight ounces of blood, to keep moderately cool, and take a light diet, more or less, according to their different constitutions: these measures served also to prevent profuse sweats, such as happened in the following case.

#### C A S E V.

Above thirty years ago, when I lived in the country, I was called to a woman on the fourth or fifth day after delivery of her first child. The weather was hot, by which, and too hot a regimen, she was thrown into profuse sweats. The discharges had been in the usual way for the first two days; but now were entirely stopped, and her breasts quite flaccid: both the milk and discharges seeming to be carried off by the excessive sweating. Her pulse was low, and her spirits were much sunk. I called in another gentleman in

in this uncommon case. We ordered small quantities of the *Spir. Mindereri*, with nitrous medicines, and a nutritive diet. Her body and extremities were firmly compressed with linen waistcoats and rollers; but all was to no purpose; she at last grew comatose about the ninth day, and expired.

NUMBER II. CASE I.

With respect to eating and drinking.

It is really surprising to see the follies of ignorant midwives and nurses in their opinion about eating and drinking, from the excess of which many poor women have lost their lives.

I was called soon after I settled in *London*, by one of the first-rate midwives, to see a shopkeeper's wife whom she had delivered the night before. I found her pulse quick; she had enjoyed little or no rest, and complained that she had an uneasiness and load at her stomach. The midwife told me she had eat nothing but her chicken; and that was her usual way with all her women, to fill up the emptiness in her bowels, and keep the wind out of the stomach. I found the patient was naturally of a delicate constitution: I said nothing then; but ordered her to drink frequently a little barley-water instead of strong caudle, and prescribed an



emollient glyster, and these had the good effect to empty and assist digestion. I afterwards argued privately with the midwife on the subject; and she was convinced, from what had happened, that the complaint proceeded from the patient's being forced to eat against her inclination. I told the midwife that the method might do with some who had a good appetite: and indeed some of my patients have complained of being excessively hungry after delivery; and these I have allowed to eat more or less of a chicken, or of other food of easy digestion, and they were not the worse; but to those who had no such craving, I found caudle and broth with bread were better, and fat easier on the stomach.

## C A S E II.

Errors are also frequently committed in the article of drink. Many midwives imagine, that women in labour, and after delivery, ought to have strong cordials to assist, and support them; such as strong water- distilled from spices and spirits, together with brandy and wine. I shall give one fatal instance of a case of this nature, which may be sufficient to deter midwives from such practices. Many years ago, I was called in the country, to a friend of my wife's, who had been safely delivered about three days.

When

When I arrived, they told me she had been in a great fever, and had violent pains in the *Abdomen*, for two days; but that now she was much easier. I enquired particularly, and found that during labour and ever since, her drink had been mostly warm punch; three parts water, and one of brandy. She had an intense heat on the skin of her arm; her pulse was quick, low, and intermitting. The pains, from being violent, were suddenly abated, and indeed quite gone. I then told the friends, that, far from being better, she was in the most imminent hazard of her life; that there had been a violent inflammation of the *Uterus*; and that the pains abating on a sudden, plainly indicated, that an incurable mortification was come on; that as her pulse had begun to intermit, she would soon grow delirious, and die in a few hours. My prognostic was verified, to the great surprise of all present.

### NUMBER III. CASE I.

Relating to sleep and watching.

It was formerly counted dangerous to allow women to sleep immediately after delivery; but for my part, I always found it of great service to keep them quiet, as soon as they were placed right in bed.



A patient whom I had delivered, after a tedious labour, inclined to sleep; but the nurse and attendants resolved to keep her awake, by reading odd romantic stories. I told them that any danger from sleeping could only exist where there was a violent flooding; but as that was not the present case, it was a pity to baulk her inclination. However, as they were so much afraid, I promised to stay by her, with the nurse. She accordingly slept sound for two hours, and was much refreshed when she awoke. I have had many such battles with the assistants; but always found that the sooner the patient fell into a sleep, the better she recovered; and indeed, whenever they could not procure natural sleep, and their pulse was not very quick, I always ordered an opiate.

## C A S E II.

I was called by an apothecary to a patient who had been delivered the day before: she had got no rest, and complained of great pains in her bowels, which did not seem to be after-pains. It was her first child. She had no stoppage of urine or symptoms of a fever. She begged of me if possible to relieve her; but at the same time not to give her any preparation in which there was opium. I told the apothecary, that as the pains were  
so

so violent, nothing else could relieve her. He said, that opiates did never agree with her in her former complaints, or make her sleep when restless. I answered, that I wanted only to ease the pain ; and after that she would sleep of course ; and that we must deceive her. I ordered a draught with thirty drops of the *Tinct. Thebaic.* I called next morning, and found her free from pain. She had enjoyed good rest ; and said, that she had been in heaven ever since she had taken the medicine. I have had many instances of the same kind, when opiates were administered properly, as mentioned in the latter end of the first volume. However, I have had also some few patients who were not in pain, but could not rest, and opiates did them no service ; as in the following case.

### C A S E III.

I attended an apothecary's wife in her first child. She was every way safe and easy after delivery ; but could not sleep. I ordered a gentle opiate, which had no effect ; but instead of composing, gave her a giddiness, and presented many spectres to her imagination, particularly the witches in the tragedy of *Macbeth*. I then ordered a bolus of *Pulv. Castor. gr. v.* and *Sal Vol. Cor. Cervi. gr. iij.* to be taken, and repeated occasionally.

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This had the desired effect, by which she got good rest; and it was the only remedy that procured sleep in her succeeding deliveries.

#### NUMBER IV. CASE I.

Relating to motion and rest.

[*Vide* No. 1. Case 1. of this Collection.]

A woman of a healthy constitution, who had been delivered twice in the country, came to live with her family in *London* when big with child. I was bespoke to attend her, and she was safely delivered. I visited her the second and third day, and found every thing in a good way; but was surprised, when I called on the fourth, to find her up, and in her common dress. She told me, that she had sat up the evening and night before, and played at cards, and was to dine with the family; that she had done the same after her former labours, and recovered much better than those who lay in bed. I exclaimed against that practice, and told her that I had been called often to patients who had been thrown into violent complaints by getting up too soon, and I was afraid she might suffer sooner or later by being too forward. However, she persisted in her old way, and recovered exceeding well; but the next time I delivered her, she was on the fourth day taken

taken with violent pains in the lower parts of the *Abdomen*, which threw her into a violent fever. As I was engaged with another patient, I did not see her till they sent for me on the sixth, when I found the pains and fever excessive. She was immediately bled. Dr. *Shaw* was called; and we ordered draughts with the *Sal Absinth.* and *Suc. Limon.* also the common emulsion with nitre. She grew delirious, the pain went off suddenly on the seventh, and she died the same night. *Vide* No. 2. Case 2. of this Collection.

One would be apt to imagine, that this fatal catastrophe happened from her constitution's altering and becoming more delicate by a city life.

## C A S E II.

Although, for the most part, the poorer sort of women, that are exposed to endure cold, fatigue, and hardships of all kinds, will recover by such hardy usage after delivery; yet I have been called to many, who have been in the utmost danger.

A poor woman in *St. Giles's*, was delivered by Mrs. *More*, and some of my pupils, who gave her some money; which being soon spent in gin with her gossips, she went out begging with her child on the fourth day after delivery,



delivery, was taken with violent pains and a fever that night, and with great difficulty recovered by bleeding and antiphlogistic medicines.

### C A S E III.

A poor woman, of a strong constitution, was delivered by us three times, and escaped without any complaints, although she was out in the street begging with her child, and singing ballads, on the fourth or fifth day, with a man's coat on her back.

I could give many instances in which robust women, and those who have been bred hardily, will recover surprisingly; and also of such as are more delicately brought up, who, from a very small error in management, will be brought into great danger: but these are sufficient to illustrate what I have published in my first volume, on this subject.

### N U M B E R V. C A S E I.

#### Obstruction of Urine.

I was called by a midwife to a woman in the *Hay-Market*. The membranes had been broke many hours, and the head presented. She complained of great continued pain at the lower part of the *Abdomen*, and it increased in time of a labour-pain, which obliged her to restrain the last as much as possible.

possible. After informing myself of every thing relating to the patient, I found she had made no water for many hours ; from which circumstance I concluded that the foregoing pain must proceed from too great a distension of the *Vesica Urinaria*. I said nothing to the woman ; but bade her take courage, and told her I hoped soon to relieve her.

As she lay on her side, I tried to introduce the catheter under the clothes ; but as she shrunk from me, I was obliged to take the assistance of the light of a wax taper, and drew off a large quantity of water. The pain immediately went off, and she was delivered soon after. I have had several cases of the same kind, in which the women were relieved in the same manner. Sometimes I could introduce the catheter without inspection ; but if I found it not easily performed, I chose the former method, to prevent hurting and inflaming the *Urethra*.

## C A S E II.

I was called by Mrs. *Draper*, midwife, to a little decrepid patient, on the fifth day after delivery. The labour had been tedious, and she had passed urine several times, but with some difficulty. At last it had stopped for about twelve hours, and she was in great pain. The catheter passed with difficulty,



from the parts being inflamed. She was relieved on the discharge; but the obstruction returning, I was obliged to repeat the operation several times; and at last there was a large discharge of *Pus* from the *Urethra*.

This reduced the swelling, and carried off the pressure on the *Urethra*, which obstructed the passage of the urine.

### C A S E III.

I was called to a woman who had been, three hours before I came, delivered of her first child, about eight at night. She complained of excessive pain in the *Abdomen*. Her midwife, Mrs. *Fletcher*, was gone. I inquired of the patient, if she had made water during labour, and she told me she had made great quantities. I examined the *Abdomen*, and found there was not another child, and the nurse told me that the *Placenta* was all come off: I ordered an opiate, in hopes that it would relieve the pain, and called next morning, when the midwife was present. The patient was still in great pain, and had got no rest all night. I then said I was surprised that the complaint was so obstinate, especially as she had passed so much water in time of the labour, and inquired if she had made any during the night. The midwife told me, that she was certain she had made

no water all the time of her labour, which was very tedious, and that she had passed none since. I then found that the patient had mistaken the waters from the *Uterus*, for her urine, and that all these pains proceeded from the distension of the bladder. I immediately drew off a large quantity, as I remember, about five pints. She said in time of the operation, when not above a pint or less was drawn off, that now she was as if in heaven, by being free from pain. I have had many such cases in which I was obliged to draw off the urine several times before the patients could make water, but unless they were in great pain, I always waited to try what nature would do, sometimes to the third or even to the fourth day, especially if they sweated much.

#### C A S E IV.

##### Costiveness.

It is a great happiness, if patients are costive before delivery, that the child's head at it is pressed down to the lower part of the *Pelvis*, forces down before it the hard excrements which are contained in the *Rectum*; by which means the patient has a plentiful stool. I have had many patients however who wanted relief about the fourth or fifth day

I after;



after; this was easily accomplished by laxative medicines, or suppositories and glysters.

I was called to a woman who had been without passage from her delivery to the seventh day. She had great strainings, but to no purpose. A glyster was tried to be thrown up, but it could not pass. A suppository was used without producing the desired effect. About four spoonfuls of warmed oil was injected, which brought off some hard fæces: this gave room for another glyster, which relieved the patient.

## C A S E V.

### Purgings.

A woman delivered all of a sudden in the seventh month. She was costive, and the child passed so easily, that she had no stool at delivery. As she was next day uneasy on that account, I desired the nurse to administer a glyster of water-gruel with a little oil; but without my knowledge she had put in a large quantity of salt. This gave her passage; but at the same time brought on a violent purging, which weakened her excessively; but at last it was stopped by repeated opiates.

C A S E VI.

I was called to another to whom a glyster of the same kind had been given soon after delivery, which brought on such a violent purging as exhausted her strength, and carried her off in five or six hours, notwithstanding all the common methods were used to relieve her.

C A S E VII.

[*Vide Collect. XXXIII. No. 2. Case 7.*]

A woman, about the eighteenth or twentieth day after delivery, when she seemed out of danger, was taken all of a sudden, with a violent purging, which immediately sunk her very low; this was soon checked: but then her legs began to swell from their being again so suddenly emptied and weakened by the looseness. Her stomach also nauseated all food. Being called to her assistance, I declared her in great danger, especially as she was naturally of a weak constitution, and I advised the friends to take the advice of a physician, as it was not now my province to prescribe. Dr. *Mead* visited her next day, and ordered medicines to invigorate the body, by quickening the circulation of the blood, and contracting or strengthening the fibres of the bowels, such as *Confect. Cardiaca. Aq. Cinam.*



&c. nevertheless the languor continued, and the swelling in her legs increased with violent pains in them. At last, the lower part of her belly and right side swelled excessively; and she died about six weeks after delivery.

I could give more cases of costiveness and purgings: but I refer the reader to the directions in Vol. I.

## NUMBER VI. CASE I.

### Passions of the mind.

I attended a patient the night that the fire happened in *Beaufort's* buildings, and within a few houses of the disaster. The labour went on exceedingly well, and we kept her from the knowledge of the accident for some little time, until we had taken measures for her safety, by having a chair in waiting, and a room prepared in a friend's house near *Covent-Garden*. At length the noise alarmed her, I told her the affair, and that it was at a distance, and also that we had provided for her safety: she seemed satisfied; yet the pains immediately ceased. And altho' the fire was extinguished, yet the pains did not return till some hours after, when she was soon delivered, and recovered tolerably well.

## C A S E II.

In the year 1751, I was called to *Fenchurch Street* by one of my old pupils, who with an old midwife was attending a patient pretty much advanced in years, in labour of a first child. Every thing was in a right way for a safe delivery; but as the case was tedious and lingering, both the woman and her friends were impatient, and had sent for an old blundering pretender in that neighbourhood, who told the patient that she was in the utmost danger, if she was not immediately delivered. He said he hoped he could save her life; but the child was dead already, and he called in another midwife who confirmed what he asserted. The woman's pains had been vigorous, but these dismal operations frightened her so much, that when I arrived, they were quite gone off. After conversing with the patient, we (all five) went to another room, where the parties began to quarrel; I called the old blustering practitioner aside, and told him my opinion, that the woman was in no danger; but by time and patience I hoped would be safely delivered. Nay, I threatened to have him called before the college if he insisted on any violent operation: then he quitted the house with his associate:



After his departure we had time to soothe and encourage the woman. As she had got little sleep, we gave her a draught with thirty drops of the *Tinct. Thebaic.* and the midwife delivered her safely next day.

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## COLLECTION XLII.

[*Vide* Vol. I. Book III. Chap. I. Sect. 3. and 4.]

### NUMBER I. CASE I.

#### Floodings.

Many years ago, when in the country, I attended a woman in a tedious labour, who was at last safely delivered. A large discharge of blood followed the *Placenta*, which did not abate as usual; but continued so as to sink her spirits, and endanger the patient's life. Her countenance turned pale; and her pulse became low. I immediately gave her fifteen drops of *Liq. Laudanum*, and applied cloths dipt in vinegar to the *Pudenda*. The discharge diminished; but continued to flow rather faster than I judged was safe in her weak condition. I gave five drops more in about half an hour after the first, which had the desired effect, by throwing her in to a sleep, and restraining the flooding. She recovered tolerably well; but was weak for some time before she retrieved her wonted strength. The next time she happened to be in labour, she was excessively afraid of being again in the same condition, and begged I would order



the same medicine by way of prevention. When I found the labour was pretty far advanced, and the *Os Uteri* dilated by the membranes, I gave her twenty drops of *Laud. Liquid.* and before the delivery she began to dose a little betwixt the pains. She was soon delivered, and had a moderate discharge, which gradually abated. She afterwards fell into a sound sleep, and recovered very well. I have had many such cases, in which I always found this method the most successful when called in time, and when the vessels were not too much emptied.

## C A S E II.

A woman whom I had safely delivered after a tedious labour, seemed to be in a good way; but of a weakly constitution. I was called in a hurry to another patient; but before I left her the uterine discharge was sufficiently abated. I ordered a quieting draught to be taken if she did not soon fall asleep. In about an hour after they sent for me. When I arrived I found the patient quite pale, with scarce any pulse. She had fainted several times. I was told by the nurse, that when moved to place her right in bed, she was taken all of a sudden with a violent flooding, to such a degree that it ran over the bed into the floor. I immediately ordered

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ed cloths dipped in vinegar and water, wrung out, to be applied; but while I was dropping some *Tinct. Thebaic.* into a cup with wine and water, the draught not being yet come from the apothecary's, she fell into another fainting fit and expired. Such fatal accidents seldom happen except in extreme weakness of constitution, or from great floodings before, and in time of delivery. I regretted that I had not given her an opiate in time of labour, which I have since found from experience to be the best method, to secure the patient from being attacked by such fatal discharges.

## C A S E III.

I was called by another gentleman, to assist in a case wherein the patient was in time of labour attacked with a flooding, occasioned by part of the *Placenta's* being detached from the *Uterus*. He had given her repeated restraining draughts with five drops of *Tinct. Thebaic.* in each; but as they had not procured any inclination to sleep, I advised him to give her a simple draught with *Tinct. Thebaic. Gt. xx.* This soon had the desired effect; she slept sound betwixt every pain, the flooding abated, and in a little time she was safely delivered. She had been much reduced by the flooding, was weak and low; but by her



falling asleep immediately after delivery, the discharge was abated, and kept within bounds.

*Vide Lamotte, book 5. chap. 4.*

## NUMBER II. CASE I.

Relative to after-pains.

I was called to a woman soon after delivery, who was in great pain at intervals, and imagined she had another child to bear. I examined and felt the *Os Uteri* contracted; the *Uterus*, indeed, felt larger than common, when I examined the *Abdomen*; but not so much as to induce one to believe it contained another *Fœtus*. The midwife and nurse assured me, that the *Placenta* came off without any violence. I ordered a composing mixture, with thirty drops of the *Tinct. Thebaic.* one half to be given presently, and the remainder by degrees, as there might be occasion, to relieve the pains and procure rest. This was in the morning, and the weather was excessively cold. I called again in the evening; she was still in pain, but had dosed a little. She complained much of the coldness of her feet. I ordered hot bricks wrapped in flannel to be applied to the soles of her feet, and the small of her back, which was also affected with a chilness. I also desired the nurse to put more clothes on the bed, and give her some caudle as hot as she could drink

drink it. She had taken all the mixture, and I did not chuse to order any more, being in hopes that this method would throw her into a plentiful sweat, which would relax the fibres, and assist nature to discharge coagulated blood; or carry off the spasms that might be the occasion of such violent after-pains.

Next morning when I visited her, the nurse told me, that soon after my directions were followed, the patient fell into a profuse sweat; a very large coagulum was discharged; the pains went off, and she had a good night's rest.

## C A S E II.

I attended a patient, whose child and *Placenta* were delivered expeditiously and safely with a very few labour-pains. But soon after that she was attacked by severe after-pains. I ordered a composing mixture, as in the former case, to procure a breathing sweat as soon as possible. She got some rest, fell into a gentle diaphoresis; and some small coagula were discharged; but after the effect of the opiate was over, the pains returned with great violence. She seemed to be, in every other respect, in a good way of recovery. As her pulse was rather quick, I did not chuse to repeat the opiate; but to amuse her, I ordered

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ed two spermaceti draughts, as she called for them. When I repeated my visit in the evening, the violence of the pains still continued: yet although she had not slept, she had undergone a gentle perspiration, and her pulse was become more moderate. I then prescribed a simple draught with *Tinct. Thebaic. Gt. xx.* the pains abated in the night, but returned in the morning; and grew more violent in the evening. The last draught was again repeated; and administered the night following. The pains went entirely off on the fifth day, without any more clots of blood being discharged. Of these two cases the first seems to have proceeded from coagulated blood, and the last from periodical spasms, or irritations; for the common discharges were in the usual proportion. I have had many such cases; but seldom any so violent.

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## ☞ COLLECTION XLIII.

[*Vide* Vol. I. Book 4. Chap. 1. Sect. 5. and 6.]

### NUMBER I. CASE I.

The *Lochia* obstructed in a woman delivered by Mr. Mudge. *Vide* Collect. XVIII. No. Case 3.

He ordered her after delivery to take some of the nervous medicines. He was informed next morning, that she had none of the fits; but she seemed to be in a comatose state. She had taken the medicines two or three times; but continued much in the same way, till towards evening, when she grew more sensible and spoke.

As she would not take caudle, he ordered mutton broth. When he called next morning, he was told she had rested little all night, that the *Lochia* had stopped; and the patient was delirious. He prescribed a fatus for her belly, and ℞i. of *Pulv. Troch. de Myrrh.* About noon the delirium increased, and her pulse grew very high; he then bled her largely at the ankle; and applied a blister to each leg. An emollient glyster was injected, with the addition of thirty drops of *Ol. Succin.* and he

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directed



directed that she should swallow a slight anodyne draught after the operation of the glyster next morning.

He found her quite insensible. Her pulse, however, was more moderate; she had no discharge with the glyster, but had made water plentifully. The blisters rose well; but as there was not the least appearance of her *Lochia*, he ordered her to take the same quantity of the *Troch. de Myrrh.* with the former nervous mixture, every eight hours. The *Abdomen* all this time was unattended with tumour, or induration, or any other symptom that indicated the least tendency to inflammation. In the evening, she seemed rather better: at night much mended, and she slept tolerably well. Next morning, he found the fever entirely gone off, though she still rambled in her discourse. In this way she continued near a fortnight, having no manner of fever, till at last, by insensible degrees, she became more sensible; but the disorder left a pain in her head, which she did not lose for some time. He observes, that the delivery was the only expedient for carrying off the convulsions, and that he had a case eight months after, wherein the *Lochia* stopped in about eight hours after delivery, without ever returning, although he used all the means he could contrive to bring back the discharge,

discharge, yet the suppression was followed by no bad symptoms of any kind.

C A S E II.

Obstruction of the *Lochia*, from Mr. *Mudge*, *Plymouth*. Collection XXXV. Supplement to Case 15.

After the delivery of the child and *Placenta*, the woman's belly remained very tumid and tender. In about six hours the *Lochia* stopped: the pulse was very quick; and the countenance florid; the pain and tension of the belly increased. She had some disposition to sweat; but all that could be done, could not induce her to keep her hands covered to encourage the diaphoresis. He ordered ten ounces of blood to be taken; a fomentation in a hog's bladder to be applied to the *Abdomen*; an emollient glyster to be injected, and ʒj. of *Ol. Amygd.* to be taken once in six hours; but all was to no purpose, the swelling increased, the pulse grew small and quick, the extremities cold and clammy; the *Uterus* no doubt mortified, and the woman died in about thirty days after delivery. She had, it seems, three weeks before delivery, exerted her strength beyond measure; she then found the child as strongly convulsed, and never perceived its motion after. About three days before delivery, being of a

masculine



masculine disposition, she ascended a church tower, where she rung one of the bells, and had very near knocked out her own brains.

Mr. *Mudge* observes, that he has been called to twenty preternatural cases among poor women, for every four he has attended among persons of higher rank; and thinks this difference may proceed from the poor being more liable to accidents in consequence of hard labour, and the various risques they run.

### C A S E III.

Management of the patient after delivery,  
brought from Collect. XXXII. Case 16.

Mr. *Ayer*.

When I called the day after, which was the third, I found her pulse low and quick, attended with a great drought, her skin dry and hot. She had the evening before taken one of the boluses and draughts; had slept little, and her slumbers were much disturbed and broken. She complained that her head was pained and giddy; a circumstance which, as she was so weak, I imputed to the opiate, which was scarce half a grain. She told me that no kind of sleepy medicines ever agreed with her constitution. I ordered her to be kept as quiet as possible, to drink frequently of barley-water to assuage her thirst, with  
now

now and then a little caudle, and at the same time prescribed the following draughts to promote a *Diaphoresis* and a better discharge of the *Lochia*:

R. Pulv. Contrayerv. gr. xxv. Castor. Opt.  
*Salis succini* ā gr. v. Aq. Cinnamom. simp.  
 ℥ij. Sacch. Alb. q. s. f. Haust. 6. quaque hora  
 sumend.

4. She had got better rest this night, and there was a larger discharge of the *Lochia*; but the pain of her head continued; she also complained of pain in the lower part of her belly, with difficulty in making water; but on examining, I found her belly soft, no swellings on the external parts in the *Vagina*, or the *Os Internum*. She had not sweated; and her skin was dry and hot, with a quick low pulse as before. In these circumstances I thought proper to proceed in the middle way, neither to order any medicines to raise the fever too high, or sink her too low. She was prescribed the following:

R. Sal absinth. ℥ß. Suc. Limon. ℥ß. Aq. Alexit.  
 simp. ℥iß. Pulv. Contrayerv. comp. ʒß. Sacch.  
 Alb. ʒß. f. Haust. 6. quaque hora sumend.  
 R. Aq. Cinnamom. simp. ℥iv. ʒ Alexit. Spirit.  
 cum aceto. ℥j. Syr. Caryoph. ℥ß. M. Sumat.  
 Coch. ij. in Languor.

5. The above were continued, and a cerate was ordered to soften and relax the hardness and pains of the breast.

R.



*R. Sperm. Ceti ʒij. Ol. Amygd. ʒij. Cerae Alb. ʒvi. fiat Cerat. extend. super alut. mammis applicand.*

Her breasts were also sucked with glass pipes, but would yield no milk.

All along she got but little sleep; her skin grew hot and dry; she had a great drought, and drank plentifully of weak caudle and barley-water. She complained of pains in her stomach and head; her pulse was quick but very low. The *Lochia* were moderate. As she was weak, and had a sufficient discharge of blood at her delivery, I durst not venture to order bleeding, although she had a difficulty or oppression in breathing; neither would I venture to order opiates internally; but prescribed the following epithem:

*R. Ol. Caryoph. ʒß. Theriac. Androm. ʒij. M. pro Emp. region. stomach. applicand.*

6. Finding all the complaints increased, and also the *Lochia* much diminished, I advised calling in more assistance; when Dr. *Wassie* was sent for, who ordered the following:

*R. Pulv. e Chel. Cancror. gr. xv. Croc. Pulv. gr. iv. Syr. Balf. q. s. f. Bol. hac nocte sumend. cum Haust. sequent. R. Sperm. Ceti ʒi. solv. in Vitell. Ov. q. s. Lac Ammon. Elix. asthmat. ā ʒij. Aq. Alexit. simp. ʒiß. Syr. Balf. ʒii. f. Haust. Repetatur eadem Bolus mane cum Haustu, sequent. R. Sperm. Ceti ʒi. in Vitell. Ov. solut. Aq.*

*Aq. Alexiter. simp. ℥i℥. Theriacal. ℥iij. Lac Ammon. Syr. Bals. ā ℥ij. M. f. Haust.*

Her looks were wild, her sleep was disturbed; and she had all the symptoms of a beginning delirium.

7. *Mittr. Sanguis e Brachio ad ℥ix. statim. R. Sperm. Ceti ℥℥. Solut. in Vitell. Ov. q. s. Ol. Amygd. d. Syr. ex Althæa ā ℥ij. Sal prunell. ℥℥. Aqua Alexit. simp. ℥i℥. Sp. C. C. gutt. vii. f. Haust. quarta quaq. hora sumend.*

*R. Decoēt. Gum. Arab. in Aqua hordeat. fact. ℔ij. f. Emuls. ex Amygd. dul. & sem. 4. Frigid. Sal prunell. ℥i℥. Syr. dialth. q. s. M. Bibat pro potu Tepefact.*

She grew delirious, her skin was dry with an intense heat, the pulse quick and low, difficult respiration, the *Lochia* entirely obstructed; had sometimes violent pains at the *Os Externum*, but no swelling or hardness of the belly, or on these parts.

8. She had cooling glysters injected, which operated; such as

*Decoēt. Commun. pro Enem. ℥ix. Sal Glaub. ℥i. Ol. Oliv. ℥iv. Syr. Rosar. solut. ℥i℥. f. Enema statim injiciend.*

The draughts and emulsions were continued; and the following were prescribed:

*R. Sal. Absinth. ℥i. Suc. Limon. ℥℥. Aq. Alexit. Sp. cum Aceto. ℥℥. Simp. ℥j℥. Pulv. e Cbel. Cancro. c. ℥i. Sal prunell. gr. xiv. Syr. Croci, ℥iij. f. Haust. 6ta quaq. hora sumend. applicetur vesicator. inter scapulas.*



The delirium increased with all the other symptoms, and seemed now to be a nervous fever. There was no hardness or inflammation about the *Uterus* or *Hypochondria*; the draughts and emulsion were continued, and the following ordered.

9. R. *Aq. Alexit. simp.* ℥vi. *Alexit. Spir.* ℥j℥. *Tinct. Valerian. Volatil.* ℥i℥. *Margarit. p. pt.* ℥i. *Syr. Bals.* ℥℥. f. *Julep. Cap. Coch.* ij. *vel* iij. *in languoribus.*

10. She was now much weaker and insensible, with a tremor of the tendons; the *pulv. Contraerv. comp.* was added to the draughts.

R. *Pulv. e Chel. c. comp.* ℥i. *Sal Succin. vol. Croc. ā gr.* iv. *Confect. Ralegh.* ℥℥. *Syr. Croc. q. s. f. Bolus 6ta quaq. hora sumend. cum Coch.* iij. *Julep. seq.*

R. *Aq. Cinnam. Alexit. simp.* ā ℥iij. *Aq. N. M.* ℥iij. *Sp. Sal. Vol. Ol.* ℥j. *Margarit. p. pt.* ℥ij. *Syr. Croci* ℥℥. *Cap. Coch.* iij. *in Languor. repet. Enema. Applicetur Vesicat. collo ad utrumq. latus pone aures usque ad Claviculos.*

11. Blisters were applied to the arms, and the other cordial medicines continued, with the addition of the pectoral decoction. Two plaisters as follows were applied to the feet: *Plantis Pedum Emp. Ceph. et Emp. Vesicator.* ā *part. equal.* She died on the twelfth day after delivery.

The above journal is inserted to shew the formulæ of prescriptions used in such extraordinary

ordinary cases. But those medicines are not to be prescribed indiscriminately by young practitioners, without proper advice of the more experienced.

## NUMBER II. CASE I.

### Complaints from milk.

A patient after the delivery of her first child, attempted to suckle the third day, when her breasts began to be a little turgid with milk: but the child would not fix its mouth to the nipple. When I called the following day, the nurse told me that she had no nipples. I examined and could not observe any thing but the seeming vestiges where they ought to have been. The woman confessed that when a young girl at boarding-school, she and her companions had imagined them to be warts, and pulled them off. She was obliged to give up the suckling; but the breasts being turgid and painful, I ordered a poultice of bread and milk to be applied; and endeavoured to procure a breathing sweat by keeping her warm, and directing her to drink plenty of caudle. Next day she was easier; she had sweated excessively; her breasts were softer; and although the nipples were gone, the milk had run out, so that the pulling off the nipples had not entirely obstructed the ducts. She complained of an



itching and roughness about her neck and arms, and on inspection I found them to be of the miliary kind. She had got up, and the sweating was gone off. I ordered her to bed, to drink some of her caudle, and to keep in a gentle breathing sweat; but not to excess, as before. I also directed them to renew the poultice to her breasts. Her pulse was regular; she had gone to stool, seemed every way easy; and had a plentiful discharge of the *Lochia*. Next day she wanted to get up; but I advised her to keep in bed, on account of the eruptions which were turning scaly. The milk continued to run out. About the seventh day she had three loose stools, which carried off the milk without having any bad effect, and she recovered very well. The next time I delivered her, she tried again to suckle the child, and to my surprise the child fixed so effectually on the parts, that it actually formed large well shaped nipples, and she nursed that and two more, before I retired from practice.

## C A S E II.

I delivered a woman of her first child, who tried to suckle, but could not get the child to take the nipples: they were very small and the child was weak. Her breasts grew excessive hard and inflamed: they were fomented, and

cataplasms applied. She was kept in a gentle breathing sweat; a nurse was procured, who had a stronger child of a month old, who suckled the patient while the nurse suckled her child: by this method the breasts were gradually emptied; and she recovering, afterwards suckled her own child.

### C A S E III.

I attended another patient who was much in the same condition every way: the same method was used, but to no purpose. One of the breasts ran out, but the other inflamed to such a degree, that at last an imposthume was formed; this was opened by a surgeon, and discharged so great a collection of matter, that it weakened the patient, and threw her into an hectic fever; but she was recovered by going into the country, and drinking asses milk.

### C A S E IV.

The woman had received a blow on one of her breasts, a little before she was delivered, which gave her some pain, and occasioned a swelling and hardness in the glands. The pain gradually abated; but the hard tumor still remained. After delivery, she tried to suckle as formerly (having had se-



veral children) but could not in that breast. Every method was tried to discuss the tumefied glands, but to no purpose. The swelling at last grew larger and harder, the inflammation increased, and turned cancerous; and at last destroyed the woman.

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COLLECTION XLIV.

[*Vide* Vol. I. Book 4. Chap. I. Sect. 7 and 8.]

Of a *Prolapsus Vaginæ, Uteri, et Recti.*

CASE I.

This misfortune happened to a woman soon after a tedious labour, which gave her great pain: A round middle-sized pessary was introduced, and turned so that the lower edge rested at the lower and back-part of the *Vagina*, betwixt the *Os Externum* and fundament; while the upper edge was supported against the inside of the *Os Pubis*: The mouth of the womb lay against the lower edge of the round hole of the pessary: This kept up the *Uterus* and *Vagina*, and relieved the complaint. Two or three months after, she fell with child, and when five months gone, the pessary was taken out, because it was thought needless to keep it there any longer, especially as the *Uterus* was so large as to be supported by the upper part of the *Pelvis*. The pessary, instead of lying in the same position as when first introduced, was found lying up along the back-part of the

*Vagina,*



*Vagina*, which it kept up; and the mouth of the womb hung down on the fore-part of the pessary. This circumstance gave the first hint that a pessary introduced, and laid in this position, was the best method for keeping up the *Uterus*; for, if the *Vagina* is kept up, the *Uterus* must in consequence be kept up also. The upper part of the *Vagina* is attached round the lips of the mouth of the womb, and as the *Uterus* naturally sinks down into the *Vagina*, one great advantage to married women is, that this method does not hinder them from cohabiting with their husbands. After the pessary was withdrawn, the prolapsus of the *Vagina* returned, and occasioned the former uneasiness. It was again introduced and laid up along the back-part of the *Vagina* as in the last method; which kept up the *Vagina* as before, until she fell in labour, and then it was forced out at the beginning of the pains. She was at last safely delivered. The *Vagina* on the fore-part, at the *Os Pubis*, was very lax, and came down before the head of the child; but by cautious management it was kept up till the head came along, and then it was slipped behind the same. She continued to recover very well till after the fifth day, and suckled the child; but an accident happened in the family, which threw her into violent agitations; a vomit-

vomiting and looseness ensued; the *Lochia* and milk disappeared; and she died in five days after, though the vomiting and diarrhœa were restrained in two days.

C A S E II.

Of a *Prolapsus Uteri*, in a woman with child, delivered in the middle of the seventh month.

A middle-aged woman had a *Prolapsus Uteri*. She had been formerly delivered of a child or two at the full time, and after that miscarried twice, about the third month each. She was again pregnant, and at the end of the second month had a small discharge of blood from the *Vagina*. She was blooded, and kept her bed several days, by which it was restrained. The same discharge returned the third and fourth month; at first in large quantity; but the last very inconsiderable. Being called to her a fortnight after, or about the middle of the fourth month, I found her in violent pain. On examining, I found the *Uterus* was pushed entirely out of the *Os Externum*, bigger than a man's fist. This had been occasioned by a violent fit of coughing. The *Vagina* felt as if it was about an inch protruded before the *Os Internum*; and all the *Vagina* appeared to be inflamed and swelled. I introduced my finger at the  
protru-



protrusion of the contracted *Vagina*, which was just large enough to receive it a little way : but I could neither distinguish the *Os Internum*, or any substance contained in the *Uterus*. It might have been the *Os Internum* opened, but of this I was uncertain : from hence it seemed probable, that she was not with child. The prolapsus was reduced with some difficulty; two days after, a round middle-sized pessary was introduced, and fixed up along the back-part of the *Vagina*; so as that the upper part of the *Vagina* and *Os Internum* hung down before it. She had before this period, for two or three months, a large discharge to appearance of the *Fluor Albus*, and the *Uterus* had prolapsed in that space three or four times ; but being then smaller, she could easily reduce it herself. It being uncertain whether she was with child or not, although from considering all the former circumstances, the last seemed more probable, it was resolved to order only a cooling regimen with some saline draughts, and nitrous medicines till the next period. By these means the cough and discharge of the *Fluor Albus* were removed ; she seemed to be perfectly easy, and was allowed to walk about in the house. At the end of the fourth month, she had to appearance a regular discharge of the menses : the mouth of the *Os Internum*

felt swelled and more shut; a circumstance which made it almost certain, that she was not with child. Being sent for in great haste, about the middle of the seventh month, I found she had regular labour pains; the *Os Internum* was so open that the membranes, waters, and head of the *Fœtus* were regularly felt; and there was no discharge of blood. As the *Os Internum*, though a little open, instead of being thin or soft, felt thick and hard, it was adviseable to order first bleeding to the quantity of eight ounces, after that two emollient glysters were administered, which discharged a large quantity of *Fæces*, and then an anodyne draught was given of *Aq. Cin. ten. & Syr. e Meconio*.

The salt of wormwood draughts were repeated, with a cooling regimen; such as panadas, weak broths, emulsions with *Sal. Nitri*, and boiled chicken. The pains went off for twenty-four hours, after which they returned; the *Os Internum* now felt much more open and soft; the membranes were pushed down with the waters. It was then more proper to let the labour go on. The *Fœtus* was soon delivered: after which there was some discharge of blood. No violence was used to bring away the secundines. As the *Placenta* separated from the *Uterus*, the discharge increased; but not to any large quantity,



quantity, and in three hours the secundines were forced through the *Os Internum* into the *Vagina*. By pulling softly at the *Funis*, and at the edge of the *Placenta* with two fingers, they were easily extracted. She recovered very well. She had for two days some difficulty in making water, but that complaint went off. The child was very small, and was reared with great difficulty.

### C A S E III.

#### Inversions of the *Uterus*.

Mr. *Giffard*, in his cases of midwifery, p. 176. mentions a delivery in which the *Uterus* was inverted, and drawn out beyond the *Labia Pudendi*, with the *Placenta* adhering to it.

Mr. *Chapman*, p. 197, Case 29, has a case also of the inversion of the *Uterus*.

Monf. *Lamotte*, lib. 5. chap. 10. and 11. describes an inversion of the *Uterus*, and relaxation of the *Vagina*.

I was called to a woman, who died before my arrival. I found the *Uterus* inverted; pulled quite without the external parts, and the *Placenta* adhering firmly to the *Fundus*. This misfortune was occasioned by the midwife's pulling at the *Placenta* with too great force.

## C A S E IV.

Case of an inverted *Uterus*, from Mr. *Lucas*;  
dated *Pontefract*, December 1759.

In *April* last, I was called to a woman just delivered of a live, healthy child; and to my surprise found the *Uterus* totally inverted, lying betwixt her thighs, of the size of a large foot-ball.

The woman's pulse was weak and unequal, and there was a continual pouring forth of blood from the vessels of the *Uterus*.

I apprized the friends of the great danger of so deplorable a case. Nevertheless, with the approbation of a judicious physician her neighbour, I undertook, and succeeded in the reduction; and after gave her gentle anodyne and cordial medicines and left her in appearance better, and tolerably easy.

In about half an hour, I was again called, and found her speechless, the pulse imperceptible, clammy sweats, respiration deep and slow, and in a few minutes death closed the scene.

All the parts were so lax, that the *Uterus* had not the power of contraction; for it was lying like a loose piece of tripe, and taken for an excrescence, till I examined it more strictly, and after separating the *Placenta*, reduced it into the *Abdomen*.

A Sup-



## A Supplement to CASE II.

A *Prolapsus Uteri*, which could not be reduced; but mortified. In a letter from Mr. Oakeley of *Birmingham*, dated 1757.

S I R,

I was lately called to a woman near this town. I found her in bed, and she gave me the following account of her case. That assisting her husband in lifting a weight that afternoon, she felt a lump fall out of her body. On which she sent for a midwife who endeavoured to restore it into its place, but not being able to reduce the same, advised to send for me. Upon examination I found the *Uterus* out of the *Os Externum*, about the size of a large man's fist, hard and the glands scirrhus, each having the exact appearance of a garden bean. The patient was low and faint, had but little pains. As reduction was impracticable, I immediately directed emollient and discutient fomentations with poultices, and after some days bled her in a small quantity, for she was too weak to bear the loss of much blood. Her body was kept open, and when restless with pain, quieted with opiates. Notwithstanding which it increased in size, and after three weeks discharged a thin ichor from its whole surface, and in about six weeks the patient died.

I should

I should take it as a very great favour to have your opinion about extirpation by ligature, which I think might have been easily done, and which I proposed to the patient; but she would not submit to the operation. My opinion was, that I could not resolve his question, as I never had any case in which it could not be reduced; but no doubt, when a gangrenous appearance begins, and there is no hope of the reduction, what he proposed should be attempted to save the patient's life: but such operations should not be attempted without the concurring approbation of experienced surgeons, nor should it be undertaken but when the patient has strength, and the gangrene is only begun at the lower parts, and not advanced above the parts that are to be separated. Mr. *Girle* of *St. Thomas's* hospital once appointed the pupils to attend the amputation of the *Uterus*; but luckily for the patient, it was reduced the night before.

## C A S E V.

### Prolapsus of the *Rectum*.

A woman in whom the *Hæmorrhoidal* vessels were much tumefied, painful, inflamed, and forced out to a large size, in time of labour. After a pain was over I reduced them, by lubricating and forcing them gently



ly up within the *Sphincter Ani*; but next pain they were again forced out. I reduced them a second time, and kept them up with a thick compress pressed with my hand against the part every pain; but when the head of the child was forcing down to the lower part of the *Pelvis*, they were again protruded, with a large quantity of hard excrement, and it was impossible to reduce them till after the child was delivered. After delivery I again replaced them, and the pain of these parts abated; but next morning, when she strained to make water, they were again forced out, on which I was immediately sent for, and reduced them as before. As I expected this would happen every time she strained at stool, or in making water, I directed the nurse how to reduce them: she accordingly assisted her occasionally in this manner, till near the end of the month when the swellings subsided, and the complaint went off.

#### C A S E VI.

I was called by Mrs. *Blackwall* to a woman in whom the child presented wrong; but I delivered her with safety. Next morning I found the patient in excessive pain, which she told me proceeded from the piles. When I examined; I found the lower part of the *Rectum* pushed out, and so swelled that I could not  
reduce

reduce the parts, though it was lubricated, and I made several gentle efforts. I then ordered the part to be fomented, and warm stupes to be applied. The fomentation was composed of a decoction of the emollient herbs, in which were mixed some vinegar and spirit of wine. After the fomenting and stuping, I again lubricated the prolapsed and swelled parts with warm oil, and at last got them reduced, though with a good deal of force. I directed the nurse to use the same method, if they should again come down on straining; however the patient recovered without another prolapse after this reduction.

This case was a caution to me ever after, when the intestine was fallen down, always to reduce it; and after delivery, or, if I felt no such complaint in time of labour, to examine these parts. This patient had been in great pain all night, without enjoying any rest, so that she had all the symptoms of a violent fever. However, as she had lost an extraordinary quantity of blood in the delivery, I hoped that now, as she was relieved of the pains which occasioned these symptoms, the fever would abate. This accordingly happened; and she recovered better than could have been expected.



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## COLLECTION XLV.

### Imposthumes.

[*Vide* Vol. I. Book 4. Chap. 2. Sect. 1.]

#### NUMBER I. CASE I.

A child being delivered after a very tedious labour, the head had been moulded into an oblong form; and on the apex or crown there was a large tumour, about the size of the half of a goose's egg cut through in the middle: this alarmed the mother. I ordered a compress dipped in oil, vinegar, and spirits to be applied to the part, and to be renewed every time the child's head was dressed, or twice a-day. On the third day, I found a fluctuation, and ordered a poultice to be applied of bread and milk, with a little oil mixed in it, to prevent its turning dry and hard, and to be renewed two or three times a-day. The tumour gradually subsided, the fluctuation of the extravasated fluid diminished, and was quite gone about the seventh or eighth day.

I have had many such cases, which were generally in a few days dissolved, much in the same manner.

CASE

C A S E II.

Another child, from the same cause, had a large tumour on the crown or apex ; but a little to the right side : it had continued for several days ; an emollient cataplasm had been applied ; it broke of itself, and discharged a large quantity of bloody serum mixed with pus. The child was weak and low, and another tumour formed behind the ear ; when I was called. The cataplasm was applied to that also, and as soon as there was a fluctuation felt, the tumour was opened with the lancet, which discharged a thin pus ; but the large discharge of both (although the child sucked its mother), reduced it so low, that it expired in a few days.

This is the only case that I have seen of this kind, and it made me careful afterwards of such complaints, so as either to try to discuss the tumour, or prevent the extravasated fluids remaining too long undischarged.

C A S E III.

A child, on whose head a tumour of the same kind, as in Case I. was observed after delivery. The same methods were used ; but the fluctuation did not diminish, and the hairy scalp began to feel thinner. About the sixth day, I made a small opening with the point



of the lancet on the basis or back-part of the tumour, which discharged about a spoonful of a ferous fluid. The tumor subsided. I applied a compress dipped in the mixture mentioned in Case I. and by gentle pressure, the scalp and parts below joined or consolidated to one another.

#### C A S E IV.

A case of this last kind, as in Case III. happened, where one of the gentlemen that attended me, was called. He felt a large fluctuation, on which poultices of bread and milk were applied warm from time to time; but this method not succeeding, he had recourse to me. I was then so engaged that I could not go to see the patient; but advised him to make the opening, as in the foregoing case; but to his great surprise a large quantity of blood was discharged. He immediately applied a dry compress and bandage to restrain the *Hæmorrhage*; but it continued, and destroyed the child in a short time. In my practice I never had occasion to open above three or four of these tumours, and the expedient always succeeded; but this case rendered me more cautious in the sequel. *Vide* a case in which the *Anus* was imperforated.

From *Mauriceau*.

In the 213th page and 237th *Obs.* he mentions having seen a child that had been born  
fifteen

fifteen days, which had a great tumour upon the upper part of one of the parietal bones, full of matter, which discoloured the skin. However he recommends (in order to prevent the abscess) compresses of linen dipt in brandy, &c.

NUMBER II. CASE I.

Dislocations.

Many years ago, when I was in general practice in *Scotland*, I delivered a woman by turning the child and extracting it by the feet. *Vide Collect. XXXIV. No. 2. Case 10. page 192.* Both mother and child appeared in a good way. Some months after, the father came and told me that his little daughter was a fine thriving child; but that it could not move one of the arms. As he lived at several miles distance, I promised to call the first opportunity. I then found that the shoulder had been dislocated at the time of delivery. I tried several times to reduce it; but without success. This accident was entirely owing to my neglect in not examining after delivery: when the limb might with ease have been replaced. This was a caution to me ever after, and should be to every one, to examine carefully the extremities, and also every part of the child's body after such deliveries. This was the only luxation that



ever happened to me in practice, where the child was alive.

## C A S E II.

Some years ago, I delivered a child, the soles of whose feet were turned inwards. Mr. *Sanxy*, surgeon, was called, who contrived an effectual method which reduced the inflections at the ankles so well, as to enable the child to walk, by bringing the soles of the feet to the natural position. I had delivered before that period two or three others in whom one or both feet were distorted in that manner, and different methods were tried with bandages and shoes, to little purpose. His method was, by binding down the soles of both feet with soft bandages, to one firm and straight, or plain sole piece of bend leather, so that one foot was a stay to the other.

## N U M B E R III. C A S E I.

### Fractures.

Several years ago, I delivered a woman in *May-Fair*, of a small child. In turning and delivering it by the feet I found the bones of one of the arms snap asunder; a circumstance which surprised me the more, as I never turned and delivered a child with greater ease; or in a slower or more cautious manner,

ner. Indeed I am persuaded it happened principally from the smallness of the bone. I said nothing ; but wrapped the child up in its blanket, and laid it on the lap of one of the assistants, desiring her not to move it, till I had got the woman put right in bed. I then examined the arm, and told the nurse that it was a little hurt in the delivery ; but would soon recover. As the child was poor of muscular flesh, I only applied a compress dipped in brandy and water, and with a single roller kept the ends of the bones together, which I found was sufficient at the time, and to prevent suspicion of a fracture, I held the arm during the dressing. I desired the nurse not to let it lie on that side, and not to undress the body of the child till I was present. As I visited my patient every day, I had the opportunity of renewing the dressings as there was occasion, and the arm recovered without the parents having any other suspicion than of a strain in the delivery.

## C A S E II.

I sent Mr. *Neale* surgeon of the *London* hospital, who attended me many years ago, to deliver a poor woman. The child presented wrong, and in bringing down one of the legs the thigh-bone was broke in the



middle. After the delivery he bound up the fracture, and by great care and frequent attendance the limb recovered.

### C A S E III.

A midwife having sent for assistance, Mr. *Web* of *Nevis*, who had then attended me a long time, went to deliver the patient, who was a poor woman. As the child presented wrong he brought down one leg, but as the child was very large he could not deliver the body, or bring down the other leg; on which I came to his assistance. In searching for the leg that remained in the *Uterus*, I found the thigh bent downwards and broke: this I delivered with caution, and after that the body and head. He bound up the fracture, and was at great pains to recover the limb; but by the mismanagement of a drunken nurse, the thigh inflamed, and the child died. This misfortune discouraged, and gave my pupil much uneasiness; but I told him that such things would sometimes happen, even to the best and most careful practitioners.

### C A S E IV.

Soon after the peace, in 1748, many gentlemen both of the army and navy attended my lectures. We were called at night  
to

to a labour in one of the narrow lanes in Broad St. *Giles's*, where the arm of the child presented. When I came, the room was crowded with the pupils to the number of twenty-eight. Such a number going in, had so alarmed the lane, that a great mob assembled, and began to exclaim that we were trying practices. Some of the women also told us, that the parish officers were sent for, who, at that time, were glad of shewing their authority. On these accounts I was obliged to deliver the woman in a hurry. The child was alive, and when this was told the mob, and that the woman was also safe, they all dispersed. I left one of the eldest pupils to stay a little after the others, who, in time of dressing the child, found that one of the thighs was broke; he tied it up, and was at great pains in attending frequently; but the child was lost by the carelessness of a drunken mother.

#### NUMBER IV. CASE I.

##### First dressings.

I delivered a woman in *Brook Street*, who had brought a nurse from the country to attend her and the child in her lying-in. Mrs. *Maddocks*, midwife, dressed the child, and told her not to open and dress it again till she came; but next morning when Mrs. *Mad-*



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*docks* called, the nurse said she was afraid it would be too long to wait for her coming, on which she had opened and dressed, and every thing was right, observing that she had been used to that business. Next morning I was called, and told that the child was very bad. I examined and found it groaning with scarce any pulse, the extremities growing cold, and the countenance pale. I desired the nurse to undress the child; in doing which I observed, that the child was bound and pinned exceedingly tight. I said nothing to the mother; but a friend of hers being present, I imparted to her my observation. The nurse in her own excuse, told the gentlewoman and me, that in the country she was told the *London* nurses dressed them so as to give them fine shapes. I told her the danger of that practice, and that they now dressed them very loose to prevent spoiling their natural shape, which was much better and handsomer than artificial ones. I stayed till I saw the infant dressed loose; and ordered a cordial mixture of *Aq. Alexeter simp.* ʒij. *Aq. Alex. Spirituos.* Syr. *Croci* ā ʒij. a little of this to be given frequently. I also advised them to get a wet nurse as soon as possible. When I called next morning, they told me that the child expired very soon after I left the house. I have been called  
several

several times, when I found the uneasiness of the children proceeded from too tight dressings; and by observing this circumstance in time, the danger was prevented by dressing them looser. Doctor *Sands* told me that he was called to a child of a relation of his own. The nurse had, as she thought, dressed it very nice, as it was then to be christened. When he examined, he found it was so tight bound that it could scarcely breathe. The face was turned livid, and as there was no time to be lost, he did not wait for its being undressed; but taking a knife or pair of scissors, ripped open the cloaths; by which means the child was soon relieved.

## C A S E II.

About two years ago, I was called to see a child, on the fourth day after delivery, and was told that it heaved, and had an oppression at its breast. The nurse undressed the child; and the clothes did not seem tight, but I observed the bandage on the navel appeared very tight. This I ordered to be unrolled, and plainly perceived that it was the cause of the disorder; for the child immediately breathed with greater freedom, and did very well in the sequel.



## C A S E III.

The following is from Dr. *George Macaulay*, London, 29th October, 1759. A midwife who is near-sighted, made the ligature of the *Funis Umbilicalis* too near the child's belly, and on that part which belongs to the *Abdomen* of the infant. After several days it was shewn to me: the ligature was not made so tight as to stop the circulation entirely, and the part was swelled and inflamed. I divided the ligature with a pair of scissars; the *Funis* dropped off at the usual place; and in a few days the inflammation abated; the parts contracted, and the child had a good navel.

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## COLLECTION XLVI.

### Imperforated *Anus*.

[*Vide* Vol. I. Book 4. Chap. 2. Sect. 2.]

#### NUMBER I. CASE I.

Several years ago, I delivered a woman of her first child. When I called next day, the nurse told me that she had got no stool, although she had given several times the oil and syrup, and she was afraid there was no passage at the fundament, she having tried to introduce a stalk of parsley and butter. I inspected the part, and lubricating my little finger, introduced the same a little way into the *Anus*; but plainly found a smooth obstruction about an inch or less from the entry.

I informed the father of the case, and the danger the child was in, unless an artificial opening was made, and advised him to send for the surgeon of the family: on which Mr. *Gattaker* was called. After he had examined and found the same, he advised, as the case was uncommon, to send for Mr. *Middleton*. They were of the same opinion with me, that it was right to try to make a perforation immediately, for although the success was uncertain,



uncertain, yet if the attachment was slight, it might succeed. . It was then agreed to perform the operation with the *Trocar*. Mr. *Middleton* sent for his, as it was of a larger size than common. Mr. *Gattaker* introduced the instrument, and pushed the point and sheath through the adhesion in a line, as near as he could judge, along the common course of the *Rectum*. No *Meconium* appeared, or followed on withdrawing the instrument. After this he introduced a large bougie, which went up a great way. We called next morning, and to our great satisfaction observed some *Meconium* come down, on extracting the bougie. Another somewhat larger was again introduced: the child now seemed to be in a fair way of doing well; but next day the nurse shewed us a small swelling on the upper and back-part of the right parietal bone, which was turning livid, and indeed had not been observed by me at the delivery. On examining the tumour, we found a round opening in the bone about an inch and half diameter, and some of the brain pushed through it; but this could not be reduced, and no doubt was begun to mortify, for the child died next day.

C A S E II.

From the Medical Essays of *Edinburgh*,  
Vol. IV. Article 32.

The case of a male child born without an *Anus*, or *Intestinum Rectum*. By Mr. *James Jamaisson*, surgeon in *Kelso*.

Some years ago, Mrs. *Hannack*, midwife in this town, was called to one Mrs. *Stephenson* in *Plowland*, five miles distant from this place, whom she delivered of twins, the one female, the other male; and discovering in the latter no appearance of an *Anus*, came home, and sent me to see the child, whom I found otherwise sprightly and seemingly in good health, and not the least vestige of an *Anus* to be seen, or felt, but equally firm and solid from the *Coccyx* to the *Scrotum*: whereupon I told the grandmother, who only was acquainted therewith by the midwife, that it was preternatural, and that though I had twice seen the *Anus* covered by a membrane which was easily cured, I could not promise to do the like in this; but if she pleased, I should try to reach the gut by incision, which she with the mother's consent fondly agreed to. Whereupon I made an incision pretty deep in the most reasonable part; then introduced my little finger into the wound to find the gut, but in vain. I

3

afterwards



afterwards tried the *Trocar*, which penetrated, but nothing followed but some guts of blood; so was obliged to leave the patient without prospect of further help from me, only desired when he died I might be allowed to open the body, which I did next day. Upon opening the child, I saw the *Rectum* entirely wanting, and the *Colon* was a perfect *Intestinum Cæcum* suspended loosely in the *Abdomen*, and full of *Meconium*; all the other parts being in a natural state.

## C A S E III.

A case of an imperforated *Anus*, from Mr. *Pinkstan*, surgeon in *London*.

*Tuesday* evening, *May 7*, 1754, I delivered *M. K.* of a female child. Next morning the nurse told me, that the child had no stool, although she had used all the common methods to procure one; besides, she saw no fault at the fundament.

On examining, I imagined the same; but after introducing a probe about half an inch, I met with a firm and solid resistance.

I then told the mother the necessity there was for performing an operation on the child; though not without expressing some doubt of its success. Having obtained her consent, I cut about half an inch into the resisting substance, and finding that none  
of

of the *Fæces* followed, I enlarged the external orifice, and went about half an inch deeper.

Seeing at last nothing issue out but a little blood, I introduced my finger, and found a resistance that made me despair of succeeding in any farther attempt of that kind, and I dressed up the wound.

The child had that night stercoracious vomitings, and these continued till its death, which happened on the twelfth in the morning.

After much entreaty, I was permitted to open the child, when I found the *Rectum* callous and imperforate as far as the last *Vertebra* of the loins, which shewed the defect was absolutely incurable.

In cases however of this kind, I think a cure should always be attempted.

#### C A S E IV.

The *Urethra* of a child imperforated. In a letter from Mr. *Lucas* of *Pontefract* in *Yorkshire*, March 1753.

The day after delivering a woman of thirty-six years of age, of her first child, by the assistance of the forceps, I payed her a visit, and understood the child during that time had never made water. Upon inspecting the parts, I found the *Glans Penis* imperforated, and of a bad formation, with scarce any



prepuce, and no appearance, or the least vestige of the *Urethra*. On this I made an opening with a small lancet pretty deep along the *Penis*, where the *Urethra* is naturally sited, and to its utmost extremity. I repeated it several times, making crucial incisions; I also tried to pass a small probe, but all my attempts were unsuccessful; a great *Hæmorrhage* obliged me to desist, and commit the whole to nature, which in about twelve hours proved very friendly; for the urine forced itself a passage through the semi-divided *Fibres*, into the artificial *Urethra* formed by the various punctures of the lancet.

The child and mother soon recovered, and did well.

*Vide Lamotte*, book 1. chap. 20. in imperforations of the fundament and *Urethra*. The French edition is translated by Mr. *Tomkins*, surgeon of the Foundling Hospital, and published by Mr. *Waugh* in *Lombard Street*.

## N U M B E R II. C A S E I.

### Tongue-tied.

A woman whom I delivered of a child brought by the feet through a very narrow *Pelvis*, told me, when I called next day, that I had brought her a fine girl; but the nurse declared she had got two tongues. I suspected what was the matter, but said nothing. When

When I examined the case, I found there was a large swelling under the tongue, and that the pressure had flattened it so as to give it that appearance. To make the parents easy, I ordered a mixture with barley-water and *Mel rosarum*, and to moisten the part now and then by means of a feather, and told them this appearance would vanish in a few days; which prognostic was verified accordingly. This swelling was occasioned by my finger, which I was obliged to introduce into the mouth, in delivering the head.

## C A S E II.

Cases of the tongue's being confined, and tied by a thin membrane to the under-part of the mouth, are so common, and so easily assisted, that it would be superfluous to enumerate particulars, except where attended with difficulty or danger. I have only had two cases in all my practice that appeared dangerous.

A poor woman brought her child to me, and told me that it was tongue-tied, and could not suck. When I raised it up, I perceived, instead of a thin membrane, a very thick one, and something like an excrescence formed below, to which the under-part of the tongue adhered. Her labour had been natural and easy. I endeavoured to divide it slowly with a lancet armed; but as it bled a good deal I desisted, having heard of some



fatal instances of the kind, though at second hand only. Indeed I was a little uneasy at its bleeding so much, as I had divided so small a part, where no pressure could be made, or the head, or any certain vessel taken up. I wiped it frequently with a linen rag; but still it continued to bleed. I sent for some *pulv. stipt.* but before it came, I recollected that spirit of wine would contract small vessels, and immediately dipped a feather in some lamp spirits, and with it touched the divided vessels, which contracted in an instant. Nevertheless for security, I made the woman stay some time; but the first touch was sufficient.

## C A S E III.

I had been assured by a surgeon, that he had brought down such an excrescence by touching it now and then with *Lunar Caustick*. I tried to relieve a second child that was brought to me with much the same complaint as the former. The child was about three years old, and could not move its tongue so as to pronounce articulate sounds.

I touched it several times with the *Lunar Caustick*; but there was so much moisture from the *Saliva* in the mouth, that the *Caustick* was dissolved, and affected the adjacent parts. I therefore discontinued it, as it did not answer expectation in removing the impediment.

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## COLLECTION XLVII.

### Mould-shot heads and convulsions.

[*Vide* Vol. I. Book iv. Chap. 2. Sect. 3.]

#### NUMBER I. CASE I.

Many years ago, I was sent for in a hurry to a child, who immediately after delivery was thrown into convulsive fits. The labour had been tedious; the child was large, and the head was compressed into a longish form, and to one side. I tried with the palms of my hands, to mould it into a globular shape; but to no purpose. The child had recovered, and was not in convulsions when I came; but very soon was attacked with another fit. I immediately took about two ounces of blood from the neck, and ordered a small blistering plaister to be applied betwixt the shoulders. The infant had no return of the convulsions after bleeding, and in time grew a strong, healthy child. The head gradually expanded, and recovered in some measure a better form.

#### CASE II.

I delivered a woman whose child was large. The *Pelvis* was small, and the head came



along with great difficulty. The head when delivered was of a very long shape: one parietal bone was squeezed considerably over the other, and the occipital bone forced more back. The child, who cried strongly at first, was immediately after thrown into a convulsion fit. I tried to mould the bones into their proper form; but could not alter their position. The *Funis Umbilicalis* not being yet tied, I made a ligature on the proper place in a slight manner. The nurse brought me a tea-cup. I then cut the *Funis*, and allowed it to bleed about four spoonfuls, and then pulled the ligature tight. The child immediately recovered. As in the former case, I ordered a blister, and three grains of rhubarb to be given internally, to purge off some of the *Meconium*. This method seemed to answer so well, that when such cases happened where the head was much squeezed, I commonly allowed a little blood to flow from the *Funis*, more or less, before tying it tight. It was an old method amongst the midwives in some places, to give the child three drops of blood from the *Funis*, to prevent convulsions; and perhaps this custom might arise from some more knowing practitioner, who took this method in deceiving them, on purpose to let the navel-string bleed a little. *Vide Collect. XXXII. Case 11.*

C A S E III.

I was called to a child that was thrown into convulsions soon after delivery; but being at a distance, I could not attend till several hours after. When I came, the child seemed in a dying condition. I immediately cut the ligature of the *Funis*, and fomented it with warm water, in hopes it would bleed; but to no purpose. The mother was against bleeding with a lancet. I ordered leaches to be applied to the neck, and a blister to the back; but before they could be applied the infant expired. As the child was dressed, I did not examine the head.

No doubt it is right when the head is squeezed in the *Pelvis*, and of a wrong shape, to try to reduce it. I have had many such cases; but as I can remember, never succeeded but once, or twice at most, and then I ascribed the success to the head's not having been long retained in the passage.

N U M B E R II. C A S E I.

Eruptions.

A child, about three days after delivery, struck out all over the body with small red eruptions; which in *London* the nurses call the red gum; but in *Scotland* is termed the hives. As I found the child had got little



passage of the *Meconium*, and had not suckled, I ordered three grains of rhubarb, and if it did not operate in five or six hours, to give three grains more: both doses were given, which assisted in discharging a large quantity of *Meconium*. On the fourth day the mother suckled the child. The milk kept the belly sufficiently open, and by degrees carried off the complaint.

## CASE II.

I was called to a child about eight days old, who was to be brought up by hand, and who was broke out much in the same manner as the former. It was also restless, and cried much. I found the child had not above four times passage since the delivery. I ordered five grains of rhubarb to be given immediately in a little thin pap, which gave the child two loose stools, and by these the infant was relieved of the colic pains. I directed the nurse to give frequently some chicken-broth for nourishment, either by itself, or mixed with the pap; and if the child after this did not go to stool two or three times a day, to dissolve half an ounce of manna in four spoonfuls of water, and give about a spoonful of it as often as there should be occasion, to have the above effect. The nurse told me afterwards, that she had  
given

given oil of sweet almonds, and fyrup of violets, without the desired effect; but that the manna, ever since the working of the rhubarb, had kept the body open; and that the eruptions were scaling off. In a few days after, when I saw the child, they were entirely gone.

C A S E III.

I was called to visit a child about five days after delivery. The mother told me, that the child had been very well till that morning, when finding it was much bound, the nurse had given it some decoction of fenna and prunes. She was afraid too much had been given, because the child was thrown into a violent purging; and this had carried in all the red gum, which had been very full on the child's body.

I ordered three ounces of the *Fulepum e Creta*, with three drops of the *Tinctur. Thebaic.* a spoonful of this to be given presently, and to be repeated after every loose stool. This stopt the purging, and the eruptions that appeared white, resumed their red colour, and went off gradually,

The mother told me, that in her former children, her milk being binding, she had been obliged frequently to give the above medicine, but in smaller quantities; and this method succeeded very well.



## C A S E IV.

I delivered a patient of her first child, which was a strong healthy boy. The mother was resolved to suckle, but was obliged to give it up from an inflammation coming on the breast. I advised the nurse, in the mean time, to keep the child's body open, a caution which she neglected.

Being otherwise engaged for several days, I did not call till I was sent for in a hurry on the sixth day, when I found the child in a violent fever. I understood there had been very little passage, and was told the child's body was full of the red gum; but to my great surprise, I found an erysipelas covering all the back and right side. I immediately ordered ten grains of *Magnesia* to be given, and also a glyster of chicken broth, which brought off a large quantity of thick *Meconium*. This plainly shewed the child had been neglected; but the inflammation soon turned livid, and destroyed the child.



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# COLLECTION

## Green Stools.

[*Vide* Vol. I. Book iv. Ch. 2. Sect. 4. and 5.]

### NUMBER I. CASE I.

A child that was put out to a wet nurse, was taken soon after with a continuing crying and restlessness. When I visited it, at the desire of the parents, the child seemed much emaciated. The nurse told me, that the stools were sometimes hard, at other times curdled and green; but by the child's being so much emaciated, I suspected, that the nurse had little or no milk: for it was crying incessantly, and always turning its little head from side to side. I with my finger touched the side of the mouth when it gaped, and it greedily sucked my finger. I desired the nurse to milk from her breast a little into a cup, that I might see the colour and consistence of the same. She tried, but could not squeeze out one drop, and said the child had emptied her breasts, and sucked its belly-full just before I arrived. I said nothing to her; but told the parents, that I was certain the woman had little or no milk, and advised them  
to



to take away the child immediately, before it was starved. I recommended another that had a good character, and who I was certain had a good breast. This advice they immediately followed, which had the desired effect in recruiting the child, and carried off the green stools without the assistance of any medicine.

I could mention many cases of the same kind, where I have saved the infants, when called in time. *Vide Collect. L.*

## C A S E II.

A child that was suckled by the mother, near the end of the month was taken with gripings and curdled green stools. I ordered six grains of rhubarb to be given immediately, and a mixture with half an ounce of *Magnesia Alba*, and two ounces of *Aq. pur.* sweetened with sugar. A spoonful of this to be given every night and morning. As I found the milk was rather too thick, and of a yellow tincture, I desired the nurse to give the child frequently a little chicken-broth or beef-tea, especially as I found by the nurse, that her mistress was irregular in drinking spirits. The child grew better, but frequently relapsed; and as they could not afford a wet nurse, I advised weaning it. My advice was followed,

followed, and the child grew better by being brought up by hand.

### C A S E III.

I was called to a child about a month old, that was brought up by hand. It had been afflicted for many days with curdled green stools, and at last was brought very low by thin watery purging. I ordered *Aq. Alexeter simp.* ℥iij. *Spirituos.* ʒß. *Elect. e Scordio* ʒß. mixed together and sweetened with *Syr. simp.* a spoonful to be given after every stool. I also directed them to administer a glyster, made of the decoction of chicken guts. For nourishment, I prescribed chicken-broth in which rice was boiled. This method had the desired effect in restraining the purging, and strengthening the infant. In a few days, when the looseness returned, I ordered eight grains of toasted rhubarb, and three grains of toasted nutmeg; and in twelve hours after the mixture as above; and these two answered the purpose. I have been called in many such cases where I have succeeded: but when we are called in too late, the child is generally lost.

### C A S E IV.

I was called in to a child four months old, who had been for three weeks much in the  
same



same way as mentioned in the above case. The looseness frequently returned, and all the methods had been unsuccessfully tried, as recommended in Vol. I. The child being opened soon after it expired, I found all the glands of the mesentery swelled, and in hard knots.

## NUMBER II. CASE I.

### Apthæ.

I was desired to visit a child that was put out to a wet nurse, and told, that the child's mouth was so sore that it could not suck. The lips, the inside of the mouth, throat, and tongue, were full of little white spots inclining a little to yellow. The child was about a fortnight old, and had caught cold at the christening, about the eighth day. It had been costive, and the stools were of a clay colour; but was afterwards taken with loose curdly green stools, which still continued. The child's skin felt hot, the pulse was quick and low. I examined the nurse's milk, and found it in plenty, and of a right consistence. I desired her to give the child frequently a little chicken-broth; to wash the mouth gently and often with a linen rag dipt in a gargle of barley-water and *Mel Rosarum*, also to continue as she had already begun to give the breast-milk, milked in the  
child's

child's boat. I ordered some doses of the *Pulv. e Chel. Cancror. comp. gr. v. Rhubarb. gr. i.* to be given with the broth night and morning, and a blister to be applied betwixt the shoulders.

When I called next day, the nurse told me she had got down pretty often the milk and broth, but not the powders; but that now the child's throat was so sore, that she could get down neither. The appearance of the thrush and stools was much the same. I examined the *Anus*, and found a few spots there also. I then desired the nurse to give the child a glyster of chicken broth, or of a decoction of chicken's guts, every four hours, to try to nourish it in that manner. Next day the thrush began to slough off the tongue. She continued the glysters. The day after that she got down some milk and broth at different times. The thrush was now more at the fundament, and so sore that the glysters were left off. After this the child seemed to recover; the skin was cooler, the excrements were less curdled and green, and not so frequent. In a few days more the thrush went off, and the child recovered, contrary to my expectation.

I have had many such cases; but the children seldom recovered when the thrush rose to such a height, and where they were so feverish



feverish and so much reduced. *Vide* Vol. I. on this subject.

## C A S E II.

About thirty years ago, I was called at a considerable distance in the country to a child about five or six months old. The mother told me, that the infant had sweated, and been healthy, till within a month before I was called; and without any previous bad symptom, was taken with a sore mouth full of little white spots, which by degrees turned yellow, and changed from that to a dusky colour. She informed me, that as the child could not suck, she was obliged to wean it, and support it with new-drawn whey, pap, and new milk.

The child was much emaciated: the stools were loose, of a brown colour, and cadaverous smell. When I looked into the mouth, I saw the gums and throat black and full of gangrenous ulcers. I told the parents that the child was in the utmost danger, and could not live long. This was late at night, and it expired before morning.

## C A S E III.

About a year or more after this period, I was called to a child about two years old, in whom the appearance of the mouth was

much the same, and the disorder of the same duration. The gums were mortified, and in examining with my finger, two of the teeth dropped out. The child soon expired.

Although these last cases are not so proper to insert here, because I confine myself to those in the month, yet as they are of the same kind, and so extraordinary from their long continuance, I thought they might be pertinent to shew the danger that ensues when the patient is not assisted in time. Consult Dr. *Fothergill*, and others, on the above disorder.



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## COLLECTION XLIX.

[*Vide* Vol. I. Book IV. Chap. III.]

With respect to Men Practitioners.

### CASE I.

Mr. *W.* attended a woman in labour of her first child. He had gained reputation from being called to assist midwives in the country in preternatural cases; but this being the first time of his being bespoke to attend by himself, he was at a loss how to manage his patient in a natural case.

The woman was of a healthy and robust constitution, and about thirty-eight years of age: the labour pains were pretty frequent and strong; but he, not considering that the parts must have time to soften and dilate, began, as he had formerly done in preternatural cases, to lubricate and dilate the *Os Uteri*, which was then only open about the breadth of a crown piece.

In this manner he continued every now and then, to assist the delivery for several hours, to no purpose.

The nurse, a sensible woman, who had been many years in that business, exhorted him

him from time to time to rest, and not fatigue himself, especially as the woman was not young, and as the child presented with the head.

This was in *December* 1748. He had attended me one course of lectures about three years before; but had not attended the labours, imagining every thing in midwifery trifling, and that the lectures on the extraordinary cases were sufficient.

Finding himself thus foiled, and at a loss how to manage the labour, he desired her friends to send for me; but, contrary to his inclination, another gentleman was called, who by art and cunning had got a name amongst the lower sort of patients. Both these gentlemen being self-sufficient, and impatient of advice or controul, soon split in their opinions as to the presentation of the *Fœtus*.

He who came last, alleged that the shoulder presented, and that the woman ought to be delivered immediately; the other still insisted that it was the head. These debates luckily happened in another room, each continued so obstinate and long, that the patient, who had been fatigued most of the night, fell into a sound sleep; being at rest from her premature assistant.



The nurse, being afraid that her mistress would suffer from the disagreement of the obstetric adversaries, advised the husband to call an old practitioner. As I returned from a patient about six o'clock in the morning, the husband was advising with his neighbour, who knew me, and begged my advice and assistance. I complied with his request, and accompanied him to his house. After hearing the different parties, both male and female, I, as the patient was asleep, and only awoke now and then when disturbed with a pain, desired she might be kept quiet. In the mean time, as the season was excessively cold, I begged they would regale the attendants and me with some warm tea; hoping also I might have time to soothe the quarrel, which by this time was pretty high, for the females, who were numerous, had entered into the dispute. At their desire, I examined the patient in time of a pain, and found the *Os Uteri* a little open, but rigid. From the globular form and hardness of what presented, I imagined it rather the head than any other part of the *Fœtus*; resting on the upper part of the *Ossa Pubis*.

I then called the gentlemen aside, and observed that the position of the child was of no consequence at present; that the woman being

now easier, this her first child, the *Os Uteri* rigid, and the membranes not broke, it would be better to encourage rest, and allow time for the parts to soften and stretch gradually by the pushing down of the membranes and waters. I said, if the head presented, it would probably advance, or if the shoulder, then it would be time enough to assist when there was more room, especially as the waters were not yet come off.

By this remonstrance I brought them to a better temper, and they were at last reconciled. Indeed, I thought it always my duty to make up such breaches for the general good of society, as well as for the honour of the profession.

I advised Mr. *W.* to attend his patient, but not to disturb her in the least; and proposed that we should all three meet at twelve, or sooner, if he desired.

We were called at ten, on account of the pains growing stronger, and the anxiety of the woman and her friends; but on examining, I found little alteration, only the *Os Uteri* felt a little softer. It was then agreed that as her pulse was quick, she should lose eight ounces of blood from the arm; that the nurse should administer a glyster, and after the operation give the patient a draught with thirty drops of the *Tinct. Thebaic.*



These medicines had the desired effect ; and Mr. *W.* delivered, or rather received the child presenting fair next morning.

Both these gentlemen have, since that time, attended several courses of my lectures, as well as all the public labours that happened during their attendance ; and have often acknowledged my friendly behaviour in this case, by which they were prevented from exposing their ignorance.

## C A S E II.

In the year 1748, I received a message from a lady, to go to one who had been her servant, and was married to a tradesman.

On my arrival, I found another practitioner there, who seemed much surprised, and with a very surly countenance scolded the husband for bringing another without his knowledge.

His dress was as forbidding as his countenance, consisting of an old greasy matted wrapper, or night-gown, a buff broad sword-belt of the same complexion round his middle : napkins wrapped round his arms, and a woman's apron before him to keep his dress from being daubed. At the same time, to make him appear of consequence, he had on his head a large tie periwig.

As

As I did not know that another of the profession was there when I was called, I asked the gentleman's pardon, and told him the message I had received, and my ignorance of any other's being there but a midwife. The husband excused himself in the best manner he could, and said it was the lady's goodness to save his wife. This apology seemed to pacify him a little; but turning from the husband, he began to abuse the lady's ignorance of his importance, and damned all midwives for ignorant b——s. He said that he was bespoke, and would not be concerned with any such grossips. I told him that I was sorry my coming should give him any uneasiness, or be the occasion of any in the family; but begged he would tell me how his patient was, that I might inform and satisfy the person who had desired me to call.

By this calm reasoning, his surly aspect unbended. He told me he was just going to deliver his patient, and, if I pleased, I was welcome to be present at the operation; for he could wait no longer, as he had already lost one patient by waiting two days on this; and now he was called to another. I thanked him for his invitation; and excusing my presence, begged only he would grant my first request.



He then gave me to understand, that he had been called the night before the last; that the woman had strong pains; but as he was then uncertain how the child presented, and she had got little sleep for two nights before, he had ordered her repeated doses of opium, which had produced little or no effect; but that last night she had been quite stupid and often convulsed; and that nothing could save her life but present delivery.

He also told me it was her first child; that the membranes were not broke; but the mouth of the womb was pretty largely open; and desired me to examine the patient, which having done, I found every circumstance according to his account, and also the head of the *Fœtus* resting above the *Ossa Pubis*, a circumstance which he had not observed.

As he had occasion to withdraw, he begged my excuse a little, and in his absence, the apothecary, who was in the next room, informed me that the patient had taken at different times about fifteen grains of opium; and this he persuaded himself was the occasion of the convulsions and stupidity.

I examined her pulse, and found it quick and full, while she lay in a profound sleep. The nurse told me, that she had had no struggles for several hours, during which she had been  
very

very quiet. When the gentleman returned, I told him his account was very right, and that if he would now examine, he would find the head resting above the *Pubis*. This he thought impossible, as he had examined so lately; but on trying, he confessed it was even so.

I likewise told him, her pulse was still strong, and the nurse had informed me she lay much quieter than she had been. I imagined indeed that she had fallen into a sound sleep; and advised him to have a little patience.

He now seemed more disposed to reason. I therefore observed to him that as the woman's case was not barely a case in midwifery, considering the stupidity and convulsions, it would be proper, for the safety of all concerned, and in order to prevent reflections, that the husband should go to the lady, and beg of her to send her own physician to our assistance.

He assented to this proposal, and the physician came accordingly. At his arrival, being desirous of information in every particular, and enquiring minutely about the quantity of opium which had been administered, the man-midwife and the apothecary disagreed in their accounts; when this last went home to bring the bills, the other declared



declared that he had been sent for, and was obliged to go to another patient, and therefore would leave the patient to my care.

I told him I was engaged also, and begged he would attend his patient. The physician told him also, that if the woman was kept quiet, she would sleep off her large dose of opium. This declaration enraged him so much, that he left the house muttering revenge against the apothecary.

After some conversation with the physician, we both concluded, that the over-dose of opium was the occasion of the convulsions and stupidity, and that as the effect went off, her pains would come on.

We then sent for a midwife, who attended the case, and informed me afterwards that the woman was safely delivered that night of a dead child ; but she recovered very well.

## NUMBER II. CASE I.

### Midwifery.

When midwifery came to be more practised by gentlemen than formerly, one Dr. C. laid himself out in that way ; visited all the midwives, and left printed notes of his abode. He was called by a midwife at *Lambeth* ; but the woman was delivered before he arrived ; nevertheless, being over officious, he

he would examine every thing, to see that all was safe, and called out that the woman was tore. He came every day and dressed the parts. He affirmed, and the midwife denied, complaining loudly of his unfair conduct, as she had called him. Unluckily for this novice in the art, the same accident to a much greater degree happened to himself a little after, in the very patient that Dr. *Simpson* called me to. *Vide Collect. XL. No. 6.*

The midwife heard of this incident, on which she hunted him out, and attacked him every where, upbraiding him with being guilty in reality of what he had villanously and falsely laid to her charge.

## C A S E II.

A gentleman many years ago made a great bustle, got into a considerable share of low and middling practice by taking low prices. He abused the midwives right or wrong wherever he was called, and was reciprocally abused by them. Frequently, instead of waiting in lingering cases where the head presented right, he turned the child, and brought it by the feet, by which method both mother and child were often lost.

Nevertheless he gained some credit by exaggerating, and making the cases appear desperate, to those concerned. These practices



tices availed him for the present, and frightened many midwives from calling in men practitioners. To my certain knowledge he was thus the occasion of many bad cases, the women refusing assistance when he was proposed. This the midwives have acknowledged to me in private, when I expostulated with them for not calling me sooner. Such behaviour in the end sunk his business. Several of his better sort of patients were, from time to time, delivered by other gentlemen, who acted on better principles, and finding themselves and their children saved, never had recourse to him in the sequel.

### C A S E III.

[*Vide* Collect. XXXII. Case 13. also Collect. XXXIV. No. 1. Case 14. No. 2. Case 3, 8. and Collect. XXXIII. No. 2. Case 5.]

I was one night called very late to a woman of my acquaintance, in the neighbourhood. I was not a little surprised when I came into the room, to hear two women scolding one another in a ferocious manner; and ready to come to blows. As they did not know of my being sent for, my appearance surprised and silenced them for the present. I soon found they were two midwives of my acquaintance. I said nothing, but spoke to the patient who was in bed. The midwife  
that

that was sitting at the bedside desired me to take a pain, saying she would yield her seat to me; but to no midwife in *London*. When I examined, I found the child presenting right, the *Os Uteri* soft and pretty much dilated, and the membranes entire. I then desired the two midwives to go into the next room, where I heard both their complaints. One had been bespoke; but was engaged when sent for, on which the other was called. I again went to the patient, told her she was in a very good way, and asked which of them she chose for her midwife. She said the one who was bespoke, for she was afraid of the other. I made them acquainted with this decision, and advised her that came first to yield, because if any accident should happen she would be blamed, and I told her she should be paid for her trouble. Thus ended the contest, and both were pleased.





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I N D E X  
To the THIRD VOLUME,  
OR THE  
SECOND VOLUME of CASES.

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